



Performance Drug Formulary

September 2024

Blue Shield of California

This formulary corresponds with the following plans:

Shield Spectrum PPOSM, Full EPO/PPO, Full PPO Savings, Access+ HMO[®], Added Advantage POSSM, Local Access+ HMO[®], Tandem EPO/PPO, Trio HMO, Virtual Blue PPO Savings

This formulary was last updated on 09/02/2024. This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Performance Drug Formulary*, visit www.blueshieldca.com/pharmacy.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Summary of Benefits and Evidence of Coverage*. For plan and coverage documents, visit

https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies. For additional information about your plan, call the customer service number on your Blue Shield member ID card.

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Informational Section

The *Blue Shield Performance Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

Definitions

The following words and definitions will be used throughout the formulary drug list.

| Term |
|--|
| "Brand-name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters. |
| "Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit. |
| "Copayment" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit. |
| "Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy. |
| "Drug tier" is a group of prescription drugs that corresponds to a specified cost-sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug. |
| "Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below. |
| "Exception request" is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition. |

| Term |
|--|
| <p>“Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.</p> |
| <p>“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.</p> |
| <p>“Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in <i>bold and italicized lowercase letters</i>.</p> |
| <p>“Non-formulary drug” is a prescription drug that is not listed on the health plan's formulary.</p> |
| <p>“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for healthcare services that are not covered by the health plan.</p> |
| <p>“Prescribing provider” is a healthcare provider authorized to write a prescription to treat a medical condition for a health plan enrollee.</p> |
| <p>“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.</p> |
| <p>“Prescription drug” is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.</p> |
| <p>“Preventive health drugs” are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.</p> |
| <p>“Prior authorization” is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.</p> |

| Term |
|--|
| <p>“Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.</p> |
| <p>“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.</p> |

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

How do I find a drug on this list?

Each drug is listed alphabetically under the column titled “Prescription Drug Name” by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the U.S. Pharmacopeia (USP) classification system.

Using the brand-name or the generic name for the drug, you can search this list in one of two ways:

- Search for the category or class to which the drug belongs and search for the name of the drug in alphabetical order
- Search the Alphabetical Index of Drugs by the name of the drug

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

How do I know if the drug listed is a brand or generic drug?

- A generic name for a brand-name drug is listed after the brand name of the drug in all ***lowercase bold italics***
 - If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all ***lowercase bold italics***
 - When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses with the first letter capitalized.
- A brand-name drug is listed in all CAPITALS followed by the generic name in parentheses in ***lowercase bold italics***.

Example

| Drug Type | How the drug name will appear in the formulary drug list |
|---|--|
| generic drug | <i>atorvastatin calcium</i> |
| generic drug marketed with a brand name | oxycodone/acetaminophen (Endocet) |
| brand drug | LIPITOR (<i>atorvastatin calcium</i>) |

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* of your Blue Shield *Evidence of Coverage* (EOC).

The column titled "Drug tier" is the cost level you pay for a drug.

| Drug Tier [†] | Description |
|------------------------|--|
| 1 | Most generic drugs and low-cost, preferred brand drugs |
| 2 | Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost |
| 3 | Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier |
| 4 | Drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply |

[†] Preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met. See your *Evidence of Coverage* (EOC) for further details about your benefit.

Note about multi-source brand drugs: If you or your doctor choose a brand drug when a generic drug equivalent is available, you will pay the difference in cost, plus the Tier 1 copayment or coinsurance. You or your doctor can ask for an exception. See "What if my drug requires a prior authorization or step therapy?" below for more information.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Evidence of Coverage*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

Note: Blue Shield drug formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California (individually and collectively referred to as Blue Shield throughout this document).

How to read the formulary

The column titled “Coverage Requirements and Limits” identifies coverage restrictions or limits for drugs when applicable.

| Coverage Requirements and Limits | | Description |
|---|-------------------------|--|
| AL1 | Age limit | Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations. |
| CW | Cost waived | This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your Evidence of Coverage (EOC) for more detailed information. |
| GL | Gender limit | Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender. |
| OAC | Oral anti-cancer | There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your <i>Summary of Benefits</i> for more detailed information. |
| PA | Prior authorization | Prior authorization is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug. |
| PH | Preventive health drugs | Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met.* |

| | | |
|-----|--------------------|---|
| QLC | Quantity limit | The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit. |
| RO | Retail only | This prescription can be dispensed at retail pharmacies only. It is not covered through mail service. |
| SF | Starter fill | Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated. |
| SP | Specialty pharmacy | These drugs are available exclusively through select specialty pharmacies. |
| ST | Step therapy | Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met. |

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010. See your Evidence of Coverage (EOC) for further details about your benefit.

How often will the formulary change?

This formulary is updated on the first of every month. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when it is removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

Formulary changes that will have at least 30-day prior notice to an affected enrollee include the following:

- Moving a drug or dosage form to a higher tier,
- Removal of a drug or dosage form from the formulary,
- Adding or changing utilization management requirements or limits for a drug.
 - When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition.

When a drug or dosage form is removed from the formulary, and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

For the most current information about the Blue Shield Performance Drug Formulary, visit blueshieldca.com/pharmacy.

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a drug that is not generally self-administered and administered by a healthcare professional. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

For additional information, check your Blue Shield *Evidence of Coverage* or call the customer service number on your Blue Shield member ID card.

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the member. This does not apply to grandfathered plans, plans purchased on or before March 23, 2010. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit blueshieldca.com/pharmacy.

What drugs have its cost waived?

Select drugs are required by state or federal legislation to be covered with no out-of-pocket cost for members. Certain benefit limitations may apply. For more details about drugs with waived copays, see your Blue Shield Evidence of Coverage.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. With the exceptions of brands that have a generic equivalent, these drugs and devices are covered with no member copayment.

Brand contraceptives with a generic equivalent generally require a copayment. If your doctor or health care provider determines that a brand contraceptive with a generic equivalent is medically necessary for you, it will be covered without a copayment upon submission of an exception request. You, your representative, or your doctor may submit the request to Blue Shield. You can submit a request by calling the customer service number on your Blue Shield member ID card.

Members have coverage for over the counter (OTC) contraceptive drugs and devices with no out-of-pocket costs through their health plan. Members must have a pharmacy benefit with Blue Shield of California and process their OTC contraceptives drugs or devices through a participating pharmacy for no cost coverage using their member ID card. Members can review their Evidence of Coverage (EOC) for further details about their benefit.

| Over the counter (OTC) Contraceptives |
|---|
| Condoms (Female) |
| Condoms (Male) |
| Daily Oral Contraceptives (Opill) |
| Emergency Oral Contraceptives |
| Spermicides (cream, film, foam, gel, suppository) |

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?

FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, continuous glucose monitors, urine test strips, lancets, and insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

What if my drug requires a prior authorization or step therapy?

Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require a review of the patient's prescription and medical history to determine coverage.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

Step therapy requirements are based on how the FDA recommends a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition.

Your provider may submit a request for a prior authorization or an exception to the step therapy requirement.

How do I request a prior authorization or step therapy exception?

To request prior authorization or a step therapy exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit the request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

You are not required to complete step therapy with Blue Shield if a drug you are currently taking was approved for coverage for your medical condition by your previous health plan or you qualify for a step-therapy exception. In either case, the drug will be covered by Blue Shield without step therapy if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

If Blue Shield denies a request for prior authorization or a step therapy exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

What if my drug is non-formulary or not listed?

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request a non-formulary coverage exception, please call the customer service

number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

If Blue Shield denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for a specialty drug. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit blueshieldca.com/pharmacy.

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by Blue Shield. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. Call the customer service number on your Blue Shield member ID card or visit blueshieldca.com/pharmacy if you have questions about specialty drugs.

Mail service pharmacy

Blue Shield offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, visit blueshieldca.com/pharmacy.

Categorical List of Prescription Drugs

| | |
|--|-----|
| ANALGESICS (Drugs for Pain) | 1 |
| ANESTHETICS (Drugs for Numbing) | 7 |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse) | 7 |
| ANTIBACTERIALS (Drugs for Bacterial Infections) | 9 |
| ANTICONVULSANTS (Drugs for Seizures) | 15 |
| ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia) | 20 |
| ANTIDEPRESSANTS (Drugs for Depression) | 21 |
| ANTIEMETICS (Drugs for Nausea and Vomiting) | 25 |
| ANTIFUNGALS (Drugs for Fungal Infections) | 26 |
| ANTIGOUT AGENTS (Drugs for Gout) | 28 |
| ANTIMIGRAINE AGENTS (Drugs for Migraine) | 28 |
| ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis) | 30 |
| ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections) | 30 |
| ANTINEOPLASTICS (Drugs for Cancer) | 31 |
| ANTIPARASITICS (Drugs for Parasitic Infections) | 36 |
| ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease) | 37 |
| ANTIPSYCHOTICS (Drugs for Mental Health) | 39 |
| ANTISPASTICITY AGENTS (Drugs for Muscle Spasm) | 42 |
| ANTIVIRALS (Drugs for Viral Infections) | 43 |
| ANXIOLYTICS (Drugs for Anxiety) | 49 |
| BIPOLAR AGENTS (Drugs for Bipolar Disorder) | 50 |
| BLOOD GLUCOSE REGULATORS (Drugs for Diabetes) | 50 |
| BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders) | 55 |
| CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation) | 58 |
| CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions) | 79 |
| DENTAL AND ORAL AGENTS (Drugs for the Mouth) | 86 |
| DERMATOLOGICAL AGENTS (Drugs for the Skin) | 86 |
| ELECTROLYTES/MINERALS/METALS/VITAMINS | 94 |
| GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach) | 101 |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders) | 104 |
| GENITOURINARY AGENTS (Drugs for the Genital, Bladder, and Kidney) | 105 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones) | 107 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones) | 109 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin) | 110 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones) | 110 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland Hormones) | 127 |

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)..... 129

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)..... 129

IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)..... 130

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)..... 134

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)..... 135

MISCELLANEOUS THERAPEUTIC AGENTS..... 136

OPHTHALMIC AGENTS (Drugs for the Eyes)..... 175

OTIC AGENTS (Drugs for the Ears)..... 179

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)..... 179

SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)..... 186

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)..... 187

WEIGHT LOSS AGENTS..... 187

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|---------------------------------------|
| ANALGESICS (Drugs for Pain) | | |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs) | | |
| BUTALBITAL-ASPIRIN-CAFFEINE --50-325-40 MG TAB | TIER 1 | QLC (6 tabs/day) |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> | TIER 1 | QLC (6 caps/day; max 48 caps/30 days) |
| <i>celecoxib cap 100 mg</i> | TIER 1 | QLC (2 caps/day) |
| <i>celecoxib cap 200 mg</i> | TIER 1 | QLC (2 caps/day) |
| <i>celecoxib cap 400 mg</i> | TIER 1 | QLC (1 cap/day) |
| <i>celecoxib cap 50 mg</i> | TIER 1 | QLC (2 caps/day) |
| <i>diclofenac potassium tab 50 mg</i> | TIER 1 | |
| diclofenac potassium tab 50 mg (Cataflam) | TIER 1 | |
| <i>diclofenac sodium soln 1.5%</i> | TIER 1 | QLC (1 bottle/month) |
| <i>diclofenac sodium tab delayed release 25 mg</i> | TIER 1 | |
| <i>diclofenac sodium tab delayed release 50 mg</i> | TIER 1 | |
| <i>diclofenac sodium tab delayed release 75 mg</i> | TIER 1 | |
| <i>diclofenac sodium tab er 24hr 100 mg</i> (DICLOFENAC SODIUM ER) | TIER 1 | |
| DUEXIS (<i>ibuprofen-famotidine</i>) 800-26.6 MG TAB | TIER 3 | ST, QLC (3 tabs/day) |
| <i>etodolac cap 200 mg</i> | TIER 1 | |
| <i>etodolac cap 300 mg</i> | TIER 1 | |
| <i>etodolac tab 400 mg</i> | TIER 1 | |
| <i>etodolac tab 500 mg</i> | TIER 1 | |
| <i>etodolac tab er 24hr 400 mg</i> (ETODOLAC ER) | TIER 1 | |
| <i>etodolac tab er 24hr 500 mg</i> (ETODOLAC ER) | TIER 1 | |
| <i>etodolac tab er 24hr 600 mg</i> (ETODOLAC ER) | TIER 1 | |

AL1 - Age Limit; CW - Cost Waived; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|---|
| FLURBIPROFEN 50 MG TAB | TIER 1 | |
| <i>flurbiprofen tab 100 mg</i> | TIER 1 | |
| <i>flurbiprofen tab 50 mg</i> | TIER 1 | |
| <i>ibuprofen tab 400 mg</i> | TIER 1 | |
| <i>ibuprofen tab 600 mg</i> | TIER 1 | |
| <i>ibuprofen tab 800 mg</i> | TIER 1 | |
| <i>indomethacin cap 25 mg</i> | TIER 1 | |
| <i>indomethacin cap 50 mg</i> | TIER 1 | |
| <i>indomethacin cap er 75 mg</i> (INDOMETHACIN ER) | TIER 1 | |
| <i>ketorolac tromethamine tab 10 mg</i> | TIER 2 | QLC (4 tabs/day, not to exceed 20 tabs/30 days) |
| <i>meloxicam tab 15 mg</i> | TIER 1 | |
| <i>meloxicam tab 7.5 mg</i> | TIER 1 | |
| <i>nabumetone tab 500 mg</i> | TIER 1 | |
| <i>nabumetone tab 750 mg</i> | TIER 1 | |
| <i>naproxen tab 250 mg</i> | TIER 1 | |
| <i>naproxen tab 375 mg</i> | TIER 1 | |
| <i>naproxen tab 500 mg</i> | TIER 1 | |
| <i>naproxen tab ec 375 mg</i> | TIER 1 | |
| <i>naproxen tab ec 375 mg</i> (EC-NAPROXEN) | TIER 1 | |
| <i>naproxen tab ec 500 mg</i> | TIER 1 | |
| <i>naproxen tab ec 500 mg</i> (EC-NAPROXEN) | TIER 1 | |
| <i>naproxen tab ec 500 mg</i> (NAPROXEN DR) | TIER 1 | |
| <i>piroxicam cap 10 mg</i> | TIER 1 | |
| <i>piroxicam cap 20 mg</i> | TIER 1 | |
| <i>sulindac tab 150 mg</i> | TIER 1 | |
| <i>sulindac tab 200 mg</i> | TIER 1 | |

OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)

| | | |
|--|--------|----------------------------|
| <i>fentanyl td patch 72hr 100 mcg/hr</i> | TIER 2 | PA, QLC (20 patches/month) |
| <i>fentanyl td patch 72hr 12 mcg/hr</i> | TIER 2 | PA, QLC (20 patches/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>fentanyl td patch 72hr 25 mcg/hr</i> | TIER 2 | PA, QLC (20 patches/month) |
| <i>fentanyl td patch 72hr 50 mcg/hr</i> | TIER 2 | PA, QLC (20 patches/month) |
| <i>fentanyl td patch 72hr 75 mcg/hr</i> | TIER 2 | PA, QLC (20 patches/month) |
| METHADONE HCL 10 MG/5ML SOLUTION | TIER 3 | PA, QLC (90 ml/day) |
| METHADONE HCL 5 MG/5ML SOLUTION | TIER 3 | PA, QLC (180 ml/day) |
| <i>methadone hcl conc 10 mg/ml</i> | TIER 3 | PA, QLC (18 ml/day) |
| methadone hcl conc 10 mg/ml (Methadone Hcl Intensol) | TIER 3 | PA, QLC (18 ml/day) |
| <i>methadone hcl soln 10 mg/5ml</i> | TIER 3 | PA, QLC (90 ml/day) |
| <i>methadone hcl soln 5 mg/5ml mg/ml</i> | TIER 3 | PA, QLC (180 ml/day) |
| <i>methadone hcl tab 10 mg</i> | TIER 3 | PA, QLC (18 tabs/day) |
| <i>methadone hcl tab 5 mg</i> | TIER 3 | PA, QLC (36 tabs/day) |
| <i>methadone hcl tab for oral susp 40 mg</i> | TIER 3 | PA, QLC (5 tabs/day) |
| methadone hcl tab for oral susp 40 mg (Methadose) | TIER 3 | PA, QLC (5 tabs/day) |
| <i>morphine sulfate tab er 100 mg</i> (MORPHINE SULFATE ER) | TIER 1 | QLC (3 tabs/day) |
| <i>morphine sulfate tab er 15 mg</i> (MORPHINE SULFATE ER) | TIER 1 | QLC (6 tabs/day) |
| <i>morphine sulfate tab er 200 mg</i> (MORPHINE SULFATE ER) | TIER 1 | QLC (3 tabs/day) |
| <i>morphine sulfate tab er 30 mg</i> (MORPHINE SULFATE ER) | TIER 1 | QLC (6 tabs/day) |
| <i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER) | TIER 1 | QLC (5 tabs/day) |
| TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H | TIER 1 | PA, QLC (1 tab/day) |
| <i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER) | TIER 1 | QLC (3 tabs/day) |
| <i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER) | TIER 1 | QLC (1 tab/day) |
| <i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER) | TIER 1 | QLC (1 tab/day) |
| <i>tramadol hcl tab er 24hr biphasic release 100 mg</i> (TRAMADOL HCL (ER BIPHASIC)) | TIER 1 | PA, QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>tramadol hcl tab er 24hr biphasic release 200 mg</i> (TRAMADOL HCL (ER BIPHASIC)) | TIER 1 | PA, QLC (1 tab/day) |
| <i>tramadol hcl tab er 24hr biphasic release 300 mg</i> (TRAMADOL HCL (ER BIPHASIC)) | TIER 1 | PA, QLC (1 tab/day) |

OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)

| | | |
|---|--------|---|
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE) 0 | TIER 1 | QLC (90 ml/day; max 1260 ml/month) |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE) | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE) | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE) | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| ACETAMINOPHEN-CODEINE (<i>acetaminophen w/ codeine</i>) -120-12 MG/5ML SOLUTION | TIER 1 | QLC (90 ml/day; max 1260 ml/month) |
| APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) --320.5-30-16 MG CAP | TIER 1 | PA, QLC (10 caps/day; max 140 caps/30 days) |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD) | TIER 1 | QLC (6 caps/day; max 84 caps/30 days) |
| butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine) | TIER 1 | QLC (6 caps/day; max 84 caps/30 days) |
| <i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (BUTALBITAL-ASA-CAFF-CODEINE) | TIER 1 | QLC (6 caps/day; max 84 caps/30 days) |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i> | TIER 1 | QLC (4 canisters/month at 2 canisters/fill) |
| CODEINE SULFATE 15 MG TAB | TIER 1 | QLC (24 tabs/day; max 336 tabs/month) |
| CODEINE SULFATE 30 MG TAB | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| CODEINE SULFATE 60 MG TAB | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| <i>codeine sulfate tab 30 mg</i> | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| <i>fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle</i> | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>fentanyl citrate lozenge on a handle 1600 mcg fentanyl citrate handle</i> | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| <i>fentanyl citrate lozenge on a handle 200 mcg fentanyl citrate handle</i> | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| <i>fentanyl citrate lozenge on a handle 400 mcg fentanyl citrate handle</i> | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| <i>fentanyl citrate lozenge on a handle 600 mcg fentanyl citrate handle</i> | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| <i>fentanyl citrate lozenge on a handle 800 mcg fentanyl citrate handle</i> | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> | TIER 1 | QLC (6 tabs/day; max 84 tabs/30 days) |
| hydrocodone-acetaminophen tab 10-325 mg (Lorcet Hd) | TIER 1 | QLC (6 tabs/day; max 84 tabs/30 days) |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | TIER 1 | QLC (8 tabs/day; max 112 tabs/30 days) |
| hydrocodone-acetaminophen tab 5-325 mg (Lorcet) | TIER 1 | QLC (8 tabs/day; max 112 tabs/30 days) |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | TIER 1 | QLC (6 tabs/day; max 84 tabs/30 days) |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | TIER 2 | QLC (5 tabs/day; max 70 tabs/month) |
| <i>hydromorphone hcl tab 2 mg</i> | TIER 1 | QLC (11 tabs/day; max 154 tabs/month) |
| <i>hydromorphone hcl tab 4 mg</i> | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| <i>hydromorphone hcl tab 8 mg</i> | TIER 1 | QLC (3 tabs/day; max 42 tabs/month) |
| <i>meperidine hcl tab 50 mg</i> | TIER 1 | AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month) |
| MORPHINE SULFATE 10 MG SUPPOS | TIER 1 | QLC (9 suppositories/day; max 126 suppositories/month) |
| MORPHINE SULFATE 10 MG/5ML SOLUTION | TIER 1 | QLC (45 ml/day; max 630 ml/month) |
| MORPHINE SULFATE 15 MG TAB | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| MORPHINE SULFATE 20 MG SUPPOS | TIER 1 | QLC (5 suppositories/day; max 70 suppositories/month) |
| MORPHINE SULFATE 20 MG/5ML SOLUTION | TIER 1 | QLC (22.5 ml/day; max 315 ml/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|---|
| MORPHINE SULFATE 30 MG SUPPOS | TIER 1 | QLC (3 suppositories/day; max 42 suppositories/month) |
| MORPHINE SULFATE 30 MG TAB | TIER 1 | QLC (3 tabs/day; max 42 tabs/month) |
| MORPHINE SULFATE 5 MG SUPPOS | TIER 1 | QLC (12 suppositories/day; max 168 suppositories/month) |
| <i>morphine sulfate oral soln 10 mg/5ml</i> | TIER 1 | QLC (45 ml/day; max 630 ml/month) |
| <i>morphine sulfate oral soln 20 mg/5ml</i> | TIER 1 | QLC (22.5 ml/day; max 315 ml/month) |
| <i>morphine sulfate tab 15 mg</i> | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| <i>morphine sulfate tab 30 mg</i> | TIER 1 | QLC (3 tabs/day; max 42 tabs/month) |
| <i>oxycodone hcl soln 5 mg/5ml mg/ml</i> | TIER 2 | QLC (60 ml/day; max 840 ml/month) |
| <i>oxycodone hcl tab 10 mg</i> | TIER 1 | QLC (84 tabs/month) |
| <i>oxycodone hcl tab 15 mg</i> | TIER 1 | QLC (4 tabs/day; max 56 tabs/month) |
| <i>oxycodone hcl tab 20 mg</i> | TIER 1 | QLC (3 tabs/day; max 42 tabs/month) |
| <i>oxycodone hcl tab 30 mg</i> | TIER 1 | QLC (2 tabs/day; max 28 tabs/month) |
| <i>oxycodone hcl tab 5 mg</i> | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| oxycodone w/ acetaminophen tab 10-325 mg (Endocet) | TIER 2 | QLC (6 tabs/day; max 84 tabs/month) |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN) | TIER 2 | QLC (6 tabs/day; max 84 tabs/month) |
| oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet) | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN) | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |
| oxycodone w/ acetaminophen tab 5-325 mg (Endocet) | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN) | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |
| oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet) | TIER 2 | QLC (8 tabs/day; max 112 tabs/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|--|
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN) | TIER 2 | QLC (8 tabs/day; max 112 tabs/month) |
| OXYCODONE-ASPIRIN -4.8355-325 MG TAB | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |
| <i>tramadol hcl tab 100 mg</i> | TIER 1 | QLC (4 tabs/day) |
| <i>tramadol hcl tab 50 mg</i> | TIER 1 | QLC (8 tabs/day) |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | TIER 1 | QLC (8 tabs/day; max 112 tabs/30 days) |

ANESTHETICS (Drugs for Numbing)

LOCAL ANESTHETICS (Skin Numbing Drugs)

| | | |
|---|--------|------------------------|
| <i>lidocaine hcl soln 4%</i> | TIER 1 | |
| LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL | TIER 1 | |
| <i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> | TIER 1 | |
| lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo) | TIER 1 | |
| <i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL) | TIER 1 | |
| <i>lidocaine oint 5%</i> | TIER 3 | QLC (50 gm/month) |
| <i>lidocaine oint 5%</i> (PREMIUM LIDOCAINE) | TIER 3 | QLC (50 gm/month) |
| <i>lidocaine patch 5%</i> | TIER 1 | QLC (90 patches/month) |
| <i>lidocaine patch 5%</i> (LIDOCAN) | TIER 1 | QLC (90 patches/month) |
| lidocaine patch 5% (Lidocan) | TIER 1 | QLC (90 patches/month) |
| lidocaine patch 5% (Tridacaine li) | TIER 1 | QLC (90 patches/month) |
| lidocaine patch 5% (Tridacaine liii) | TIER 1 | QLC (90 patches/month) |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | TIER 1 | QLC (30 gm/month) |

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)

ALCOHOL DETERRENTS/ANTI-CRAVING (Drugs for Alcohol Dependence)

| | | |
|---|--------|--|
| <i>acamprosate calcium tab delayed release 333 mg</i> | TIER 2 | |
|---|--------|--|

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|--|
| <i>disulfiram tab 250 mg</i> | TIER 1 | |
| <i>disulfiram tab 500 mg</i> | TIER 1 | |
| OPIOID DEPENDENCE (Drugs for Opioid Dependence) | | |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i> | TIER 1 | QLC (12 tabs/day) |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i> | TIER 1 | QLC (3 tabs/day) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | TIER 1 | QLC (2 films/day) |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | TIER 1 | QLC (5 films/day) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | TIER 1 | QLC (5 films/day) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | TIER 1 | QLC (3 films/day) |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | TIER 1 | QLC (12 tabs/day) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | TIER 1 | QLC (3 tabs/day) |
| OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose) | | |
| NALOXONE HCL 0.4 MG/ML SOLN PRSYR | TIER 1 | QLC (2 syringes/30 days) |
| <i>naloxone hcl inj 0.4 mg/ml</i> | TIER 1 | QLC (two 1 ml vials/month) |
| <i>naloxone hcl inj 4 mg/10ml</i> | TIER 1 | QLC (two 1 ml vials/month) |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i> | TIER 2 | QLC (2 doses/month) |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i> | TIER 1 | QLC (2 syringes/month) |
| <i>naltrexone hcl tab 50 mg</i> | TIER 1 | |
| SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking) | | |
| APO-VARENICLINE (<i>varenicline tartrate</i>) - 0.5 MG TAB, -1 MG TAB | TIER 3 | ACA (Preventive Health), QLC (2 tabs/day) |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET)) | TIER 1 | ACA (Preventive Health), QLC (3 tabs/day) |
| NICOTROL (<i>nicotine</i>) 10 MG INHALER | TIER 3 | ACA (Preventive Health), QLC (16 cartridges/day) |
| NICOTROL NS (<i>nicotine</i>) 10 MG/ML SOLUTION | TIER 3 | ACA (Preventive Health), QLC (2 ml/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|---|
| <i>varenicline tartrate tab 0.5 mg (base equiv)</i> | TIER 1 | ACA (Preventive Health), QLC (2 tabs/day) |
| <i>varenicline tartrate tab 1 mg (base equiv)</i> | TIER 1 | ACA (Preventive Health), QLC (2 tabs/day) |
| <i>varenicline tartrate tab 1 mg (base equiv)</i> (VARENICLINE TARTRATE(CONTINUE)) | TIER 1 | ACA (Preventive Health), QLC (2 tabs/day) |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> (VARENICLINE TARTRATE (STARTER)) | TIER 1 | ACA (Preventive Health), QLC (1 starting month box/28 days) |

ANTIBACTERIALS (Drugs for Bacterial Infections)

AMINOGLYCOSIDES

| | | |
|---------------------------------------|--------|--|
| <i>gentamicin sulfate cream 0.1%</i> | TIER 1 | |
| <i>gentamicin sulfate oint 0.1%</i> | TIER 1 | |
| <i>neomycin sulfate tab 500 mg</i> | TIER 1 | |
| <i>paromomycin sulfate cap 250 mg</i> | TIER 1 | |

ANTIBACTERIALS, OTHER

| | | |
|--|--------|------------------------------|
| CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN | TIER 4 | PA, SP, QLC (1 box/2 months) |
| <i>clindamycin hcl cap 150 mg</i> | TIER 1 | |
| <i>clindamycin hcl cap 300 mg</i> | TIER 1 | |
| <i>clindamycin hcl cap 75 mg</i> | TIER 1 | |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | TIER 1 | |
| <i>clindamycin phosphate vaginal cream 2%</i> | TIER 1 | |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> | TIER 3 | QLC (1 packet/30 days) |
| <i>linezolid for susp 100 mg/5ml</i> | TIER 1 | PA |
| <i>linezolid tab 600 mg</i> | TIER 1 | PA |
| <i>methenamine hippurate tab 1 gm</i> | TIER 1 | |
| <i>metronidazole cream 0.75%</i> | TIER 1 | |
| metronidazole cream 0.75% (Rosadan) | TIER 1 | |
| <i>metronidazole gel 0.75%</i> | TIER 1 | |
| metronidazole gel 0.75% (Rosadan) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>metronidazole gel 1%</i> | TIER 1 | |
| <i>metronidazole lotion 0.75%</i> | TIER 1 | |
| <i>metronidazole tab 250 mg</i> | TIER 1 | |
| <i>metronidazole tab 500 mg</i> | TIER 1 | |
| <i>metronidazole vaginal gel 0.75%</i> | TIER 1 | |
| NEOMYCIN-POLYMYXIN B GU (<i>neomycin/polymyxin b gu</i>) -40-200000 SOLUTION | TIER 1 | PA, QLC (1 ml/day) |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i> | TIER 1 | |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i> | TIER 1 | |
| <i>nitrofurantoin macrocrystalline cap 50 mg</i> | TIER 1 | |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO) | TIER 1 | |
| <i>tinidazole tab 250 mg</i> | TIER 1 | QLC (40 tabs/fill) |
| <i>tinidazole tab 500 mg</i> | TIER 1 | QLC (20 tabs/fill) |
| TRIMETHOPRIM 100 MG TAB | TIER 1 | |
| <i>trimethoprim tab 100 mg</i> | TIER 1 | |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i> | TIER 1 | |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i> | TIER 1 | |

BETA-LACTAM, CEPHALOSPORINS

| | | |
|--|--------|--|
| CEFACLOR 125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP | TIER 2 | |
| CEFACLOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H | TIER 2 | |
| CEFADROXIL 1 GM TAB | TIER 2 | |
| <i>cefadroxil cap 500 mg</i> | TIER 2 | |
| <i>cefadroxil for susp 250 mg/5ml</i> | TIER 2 | |
| <i>cefadroxil for susp 500 mg/5ml</i> | TIER 2 | |
| <i>cefdinir cap 300 mg</i> | TIER 1 | |
| <i>cefdinir for susp 125 mg/5ml</i> | TIER 1 | |

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>cefдинир for susp 250 mg/5ml</i> | TIER 1 | |
| <i>cefподoxime proxetil for susp 100 mg/5ml</i> | TIER 2 | |
| <i>cefподoxime proxetil for susp 50 mg/5ml</i> | TIER 2 | |
| <i>cefподoxime proxetil tab 100 mg</i> | TIER 2 | |
| <i>cefподoxime proxetil tab 200 mg</i> | TIER 2 | |
| <i>cefпроzil for susp 125 mg/5ml</i> | TIER 1 | |
| <i>cefпроzil for susp 250 mg/5ml</i> | TIER 1 | |
| <i>cefпроzil tab 250 mg</i> | TIER 1 | |
| <i>cefпроzil tab 500 mg</i> | TIER 1 | |
| <i>cefурoxime axetil tab 250 mg</i> | TIER 1 | |
| <i>cefурoxime axetil tab 500 mg</i> | TIER 1 | |
| <i>cephalexin cap 250 mg</i> | TIER 1 | |
| <i>cephalexin cap 500 mg</i> | TIER 1 | |
| <i>cephalexin cap 750 mg</i> | TIER 1 | |
| <i>cephalexin for susp 125 mg/5ml</i> | TIER 1 | |
| <i>cephalexin for susp 250 mg/5ml</i> | TIER 1 | |

BETA-LACTAM, PENICILLINS

| | | |
|---|--------|------------------|
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | QLC (2 tabs/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>amoxicillin (trihydrate) cap 250 mg</i> | TIER 1 | |
| <i>amoxicillin (trihydrate) cap 500 mg</i> | TIER 1 | |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> | TIER 1 | |
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> | TIER 1 | |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> | TIER 1 | |
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> | TIER 1 | |
| <i>amoxicillin (trihydrate) tab 500 mg</i> | TIER 1 | |
| <i>amoxicillin (trihydrate) tab 875 mg</i> | TIER 1 | |
| AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB, 400 MG/5ML RECON SUSP | TIER 1 | |
| AMOXICILLIN-POT CLAVULANATE (<i>amoxicillin & pot clavulanate</i>) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB | TIER 2 | |
| AMOXICILLIN-POT CLAVULANATE ER (<i>amoxicillin & pot clavulanate</i>) -1000-62.5 MG TAB 12H | TIER 2 | |
| <i>ampicillin cap 500 mg</i> | TIER 1 | |
| <i>dicloxacillin sodium cap 250 mg</i> | TIER 1 | |
| <i>dicloxacillin sodium cap 500 mg</i> | TIER 1 | |
| PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN | TIER 1 | |
| <i>penicillin v potassium tab 250 mg</i> | TIER 1 | |
| <i>penicillin v potassium tab 500 mg</i> | TIER 1 | |

MACROLIDES

| | | |
|---|--------|-----------------------|
| AZITHROMYCIN 1 GM PACKET | TIER 1 | |
| <i>azithromycin for susp 100 mg/5ml</i> | TIER 1 | |
| <i>azithromycin for susp 200 mg/5ml</i> | TIER 1 | |
| <i>azithromycin tab 250 mg</i> | TIER 1 | QLC (12 tabs/30 days) |
| <i>azithromycin tab 500 mg</i> | TIER 1 | |
| <i>azithromycin tab 600 mg</i> | TIER 1 | |
| CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>clarithromycin tab 250 mg</i> | TIER 1 | QLC (42 tabs/fill) |
| <i>clarithromycin tab 500 mg</i> | TIER 1 | QLC (42 tabs/fill) |
| <i>clarithromycin tab er 24hr 500 mg</i> (CLARITHROMYCIN ER) | TIER 1 | QLC (42 tabs/fill) |
| ERYTHROMYCIN BASE 250 MG CP DR PART | TIER 3 | PA |
| <i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE) | TIER 3 | |
| <i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE) | TIER 3 | |
| <i>erythromycin tab delayed release 250 mg</i> | TIER 3 | |
| erythromycin tab delayed release 250 mg (Ery-Tab) | TIER 3 | |
| <i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE) | TIER 3 | |
| <i>erythromycin tab delayed release 333 mg</i> | TIER 3 | |
| erythromycin tab delayed release 333 mg (Ery-Tab) | TIER 3 | |
| <i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE) | TIER 3 | |
| <i>erythromycin tab delayed release 500 mg</i> | TIER 3 | |
| erythromycin tab delayed release 500 mg (Ery-Tab) | TIER 3 | |
| <i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE) | TIER 3 | |

QUINOLONES

| | | |
|--|--------|----------------------|
| <i>ciprofloxacin for oral susp 250 mg/5ml (5%)</i> (5 gm/100ml) | TIER 1 | QLC (2 bottles/fill) |
| <i>ciprofloxacin for oral susp 500 mg/5ml</i> (10%) (10 gm/100ml) | TIER 1 | QLC (3 bottles/fill) |
| CIPROFLOXACIN HCL 100 MG TAB | TIER 1 | QLC (2 tabs/day) |
| <i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i> | TIER 1 | |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> | TIER 1 | QLC (2 tabs/day) |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i> | TIER 1 | QLC (2 tabs/day) |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i> | TIER 1 | QLC (2 tabs/day) |

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>levofloxacin oral soln 25 mg/ml</i> | TIER 2 | QLC (300 ml/fill) |
| <i>levofloxacin tab 250 mg</i> | TIER 1 | QLC (10 tabs/fill) |
| <i>levofloxacin tab 500 mg</i> | TIER 1 | QLC (10 tabs/fill) |
| <i>levofloxacin tab 750 mg</i> | TIER 1 | QLC (10 tabs/fill) |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i> | TIER 1 | QLC (10 tabs/fill) |
| OFLOXACIN 300 MG TAB | TIER 3 | |
| <i>ofloxacin tab 400 mg</i> | TIER 3 | |

SULFONAMIDES

| | | |
|--|--------|--|
| SULFADIAZINE 500 MG TAB | TIER 1 | |
| <i>sulfadiazine tab 500 mg</i> | TIER 1 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | TIER 1 | |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric) | TIER 1 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | TIER 1 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | TIER 1 | |

TETRACYCLINES

| | | |
|---|--------|------------------|
| <i>demeclocycline hcl tab 150 mg</i> | TIER 2 | |
| <i>demeclocycline hcl tab 300 mg</i> | TIER 2 | |
| <i>doxycycline hyclate cap 100 mg</i> | TIER 1 | |
| doxycycline hyclate cap 100 mg (Morgidox) | TIER 1 | |
| <i>doxycycline hyclate cap 50 mg</i> | TIER 1 | |
| <i>doxycycline hyclate tab 100 mg</i> | TIER 1 | |
| doxycycline hyclate tab 100 mg (Lymepak) | TIER 1 | |
| <i>doxycycline hyclate tab 20 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>doxycycline monohydrate cap 100 mg</i> | TIER 1 | |
| doxycycline monohydrate cap 100 mg (Mondoxyne NI) | TIER 1 | |
| <i>doxycycline monohydrate cap 50 mg</i> | TIER 1 | |
| <i>doxycycline monohydrate for susp 25 mg/5ml</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>doxycycline monohydrate tab 100 mg</i> | TIER 1 | |
| doxycycline monohydrate tab 100 mg (Avidoxy) | TIER 1 | |
| <i>doxycycline monohydrate tab 150 mg</i> | TIER 2 | |
| <i>doxycycline monohydrate tab 50 mg</i> | TIER 2 | |
| <i>doxycycline monohydrate tab 75 mg</i> | TIER 2 | |
| <i>minocycline hcl cap 100 mg</i> | TIER 1 | |
| <i>minocycline hcl cap 50 mg</i> | TIER 1 | |
| <i>minocycline hcl cap 75 mg</i> | TIER 1 | |
| <i>tetracycline hcl cap 250 mg</i> | TIER 2 | |
| <i>tetracycline hcl cap 500 mg</i> | TIER 2 | |

ANTICONVULSANTS (Drugs for Seizures)

ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

| | | |
|---|--------|----------------------|
| BRIVIACT (<i>brivaracetam</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB | TIER 4 | ST, QLC (2 tabs/day) |
| BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION | TIER 4 | ST, QLC (20 ml/day) |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i> | TIER 1 | |
| <i>divalproex sodium tab delayed release 125 mg</i> | TIER 1 | |
| <i>divalproex sodium tab delayed release 250 mg</i> | TIER 1 | |
| <i>divalproex sodium tab delayed release 500 mg</i> | TIER 1 | |
| <i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER) | TIER 1 | |
| <i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER) | TIER 1 | |
| <i>felbamate tab 400 mg</i> | TIER 2 | |
| <i>felbamate tab 600 mg</i> | TIER 2 | |
| FYCOMPA (<i>perampanel</i>) 0.5 MG/ML SUSPENSION | TIER 2 | QLC (24 ml/day) |
| FYCOMPA (<i>perampanel</i>) 2 MG TAB | TIER 2 | QLC (3 tabs/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| FYCOMPA (<i>perampanel</i>) 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB | TIER 2 | QLC (1 tab/day) |
| <i>lamotrigine tab 100 mg</i> | TIER 1 | |
| lamotrigine tab 100 mg (Subvenite) | TIER 1 | |
| <i>lamotrigine tab 150 mg</i> | TIER 1 | |
| lamotrigine tab 150 mg (Subvenite) | TIER 1 | |
| <i>lamotrigine tab 200 mg</i> | TIER 1 | |
| lamotrigine tab 200 mg (Subvenite) | TIER 1 | |
| <i>lamotrigine tab 25 mg</i> | TIER 1 | |
| lamotrigine tab 25 mg (Subvenite) | TIER 1 | |
| <i>lamotrigine tab chewable dispersible 25 mg</i> | TIER 1 | |
| <i>lamotrigine tab chewable dispersible 5 mg</i> | TIER 1 | |
| <i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER) | TIER 2 | ST, QLC (1 tab/day) |
| <i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER) | TIER 2 | ST, QLC (3 tabs/day) |
| <i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER) | TIER 2 | ST, QLC (1 tab/day) |
| <i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER) | TIER 2 | ST, QLC (2 tabs/day) |
| <i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER) | TIER 2 | ST, QLC (2 tabs/day) |
| <i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER) | TIER 2 | ST, QLC (1 tab/day) |
| <i>levetiracetam oral soln 100 mg/ml</i> | TIER 1 | |
| <i>levetiracetam tab 1000 mg</i> | TIER 1 | |
| levetiracetam tab 1000 mg (Roweepra) | TIER 1 | |
| <i>levetiracetam tab 250 mg</i> | TIER 1 | |
| <i>levetiracetam tab 500 mg</i> | TIER 1 | |
| levetiracetam tab 500 mg (Roweepra) | TIER 1 | |
| <i>levetiracetam tab 750 mg</i> | TIER 1 | |
| levetiracetam tab 750 mg (Roweepra) | TIER 1 | |
| <i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER) | TIER 1 | QLC (6 tabs/day) |

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| levetiracetam tab er 24hr 500 mg (Roweeptra Xr) | TIER 1 | QLC (6 tabs/day) |
| <i>levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER)</i> | TIER 1 | QLC (4 tabs/day) |
| levetiracetam tab er 24hr 750 mg (Roweeptra Xr) | TIER 1 | QLC (4 tabs/day) |
| <i>topiramate sprinkle cap 15 mg</i> | TIER 1 | |
| <i>topiramate sprinkle cap 25 mg</i> | TIER 1 | |
| <i>topiramate tab 100 mg</i> | TIER 1 | |
| <i>topiramate tab 200 mg</i> | TIER 1 | |
| <i>topiramate tab 25 mg</i> | TIER 1 | |
| <i>topiramate tab 50 mg</i> | TIER 1 | |
| TROKENDI XR (<i>topiramate</i>) 200 MG CAP ER 24H | TIER 2 | QLC (2 caps/day) |
| TROKENDI XR (<i>topiramate</i>) 25 MG CAP ER 24H, 100 MG CAP ER 24H | TIER 2 | QLC (3 caps/day) |
| TROKENDI XR (<i>topiramate</i>) 50 MG CAP ER 24H | TIER 2 | QLC (7 caps/day) |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> (VALPROIC ACID) | TIER 1 | |
| <i>valproic acid cap 250 mg</i> | TIER 1 | |

CALCIUM CHANNEL MODIFYING AGENTS

| | | |
|-------------------------------------|--------|--|
| <i>ethosuximide cap 250 mg</i> | TIER 1 | |
| <i>ethosuximide soln 250 mg/5ml</i> | TIER 1 | |

GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS

| | | |
|--|--------|----------------------------|
| <i>clobazam suspension 2.5 mg/ml</i> | TIER 2 | ST, QLC (16 ml/day) |
| <i>clobazam tab 10 mg</i> | TIER 2 | ST, QLC (4 tabs/day) |
| <i>clobazam tab 20 mg</i> | TIER 2 | ST, QLC (2 tabs/day) |
| DIAZEPAM (<i>diazepam (anticonvulsant)</i>) 2.5 MG GEL | TIER 1 | QLC (1 kit [2 doses]/fill) |
| <i>diazepam rectal gel delivery system 10 mg</i> | TIER 1 | QLC (1 kit [2 doses]/fill) |
| <i>diazepam rectal gel delivery system 20 mg</i> | TIER 1 | QLC (1 kit [2 doses]/fill) |
| <i>gabapentin cap 100 mg</i> | TIER 1 | |
| <i>gabapentin cap 300 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>gabapentin cap 400 mg</i> | TIER 1 | |
| <i>gabapentin oral soln 250 mg/5ml</i> | TIER 1 | |
| <i>gabapentin tab 600 mg</i> | TIER 1 | |
| <i>gabapentin tab 800 mg</i> | TIER 1 | |
| <i>phenobarbital elixir 20 mg/5ml</i> | TIER 1 | |
| <i>phenobarbital tab 100 mg</i> | TIER 1 | |
| <i>phenobarbital tab 15 mg</i> | TIER 1 | |
| <i>phenobarbital tab 16.2 mg</i> | TIER 1 | |
| <i>phenobarbital tab 30 mg</i> | TIER 1 | |
| <i>phenobarbital tab 32.4 mg</i> | TIER 1 | |
| <i>phenobarbital tab 60 mg</i> | TIER 1 | |
| <i>phenobarbital tab 64.8 mg</i> | TIER 1 | |
| <i>phenobarbital tab 97.2 mg</i> | TIER 1 | |
| PRIMIDONE 125 MG TAB | TIER 1 | |
| <i>primidone tab 250 mg</i> | TIER 1 | |
| <i>primidone tab 50 mg</i> | TIER 1 | |

SODIUM CHANNEL AGENTS

| | | |
|---|--------|--|
| <i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER) | TIER 1 | |
| <i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER) | TIER 1 | |
| <i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER) | TIER 1 | |
| <i>carbamazepine chew tab 100 mg</i> | TIER 1 | |
| <i>carbamazepine susp 100 mg/5ml</i> | TIER 1 | |
| <i>carbamazepine tab 200 mg</i> | TIER 1 | |
| carbamazepine tab 200 mg (Epilex) | TIER 1 | |
| <i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER) | TIER 1 | |
| <i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER) | TIER 1 | |
| <i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER) | TIER 1 | |

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| DILANTIN (<i>phenytoin sodium extended</i>) 30 MG CAP, 100 MG CAP | TIER 2 | |
| DILANTIN (<i>phenytoin</i>) 125 MG/5ML SUSPENSION | TIER 2 | |
| DILANTIN INFATABS (<i>phenytoin</i>) 50 MG CHEW | TIER 2 | |
| DILANTIN-125 (<i>phenytoin</i>) -MG/5ML SUSPENSION | TIER 2 | |
| <i>lacosamide oral solution 10 mg/ml</i> | TIER 1 | QLC (40 ml/day) |
| <i>lacosamide tab 100 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>lacosamide tab 150 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>lacosamide tab 200 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>lacosamide tab 50 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> | TIER 2 | QLC (40 ml/day) |
| <i>oxcarbazepine tab 150 mg</i> | TIER 1 | QLC (16 tabs/day) |
| <i>oxcarbazepine tab 300 mg</i> | TIER 1 | QLC (8 tabs/day) |
| <i>oxcarbazepine tab 600 mg</i> | TIER 1 | QLC (4 tabs/day) |
| OXTELLAR XR (<i>oxcarbazepine</i>) 150 MG TAB ER 24H, 300 MG TAB ER 24H | TIER 2 | QLC (1 tab/day) |
| OXTELLAR XR (<i>oxcarbazepine</i>) 600 MG TAB ER 24H | TIER 2 | QLC (4 tabs/day) |
| <i>phenytoin chew tab 50 mg</i> | TIER 1 | |
| <i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS) | TIER 1 | |
| <i>phenytoin sodium extended cap 100 mg</i> | TIER 1 | |
| <i>phenytoin sodium extended cap 200 mg</i> | TIER 1 | |
| phenytoin sodium extended cap 200 mg (Phenytek) | TIER 1 | |
| <i>phenytoin sodium extended cap 300 mg</i> | TIER 1 | |
| phenytoin sodium extended cap 300 mg (Phenytek) | TIER 1 | |
| <i>phenytoin susp 125 mg/5ml</i> | TIER 1 | |
| <i>zonisamide cap 100 mg</i> | TIER 1 | |
| <i>zonisamide cap 25 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|-----------------------------|-----------|----------------------------------|
| <i>zonisamide cap 50 mg</i> | TIER 1 | |

ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)

ANTIDEMENTIA AGENTS, OTHER

| | | |
|-----------------------------|--------|--|
| ERGOLOID MESYLATES 1 MG TAB | TIER 3 | |
|-----------------------------|--------|--|

CHOLINESTERASE INHIBITORS

| | | |
|--|--------|---------------------|
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL) | TIER 1 | |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL) | TIER 1 | |
| <i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL) | TIER 1 | |
| <i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL) | TIER 1 | ST, QLC (1 tab/day) |
| <i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL) | TIER 1 | |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER) | TIER 2 | |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i> | TIER 2 | |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER) | TIER 2 | |
| <i>galantamine hydrobromide tab 12 mg</i> | TIER 2 | |
| <i>galantamine hydrobromide tab 4 mg</i> | TIER 2 | |
| <i>galantamine hydrobromide tab 8 mg</i> | TIER 2 | |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> | TIER 1 | |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i> | TIER 1 | |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> | TIER 1 | |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i> | TIER 1 | |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i> | TIER 3 | QLC (1 patch/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i> | TIER 3 | QLC (1 patch/day) |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i> | TIER 3 | QLC (1 patch/day) |

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

| | | |
|--|--------|------------------|
| <i>memantine hcl oral solution 2 mg/ml</i> | TIER 1 | |
| <i>memantine hcl tab 10 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | TIER 1 | |
| <i>memantine hcl tab 5 mg</i> | TIER 1 | QLC (2 tabs/day) |

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

| | | |
|--|--------|------------------|
| <i>bupropion hcl tab 100 mg</i> | TIER 1 | QLC (4 tabs/day) |
| <i>bupropion hcl tab 75 mg</i> | TIER 1 | QLC (6 tabs/day) |
| <i>bupropion hcl tab er 12hr 100 mg</i> (BUPROPION HCL ER (SR)) | TIER 1 | QLC (4 tabs/day) |
| <i>bupropion hcl tab er 12hr 150 mg</i> (BUPROPION HCL ER (SR)) | TIER 1 | QLC (3 tabs/day) |
| <i>bupropion hcl tab er 12hr 200 mg</i> (BUPROPION HCL ER (SR)) | TIER 1 | QLC (2 tabs/day) |
| <i>bupropion hcl tab er 24hr 150 mg</i> (BUPROPION HCL ER (XL)) | TIER 1 | QLC (3 tabs/day) |
| <i>bupropion hcl tab er 24hr 300 mg</i> (BUPROPION HCL ER (XL)) | TIER 1 | QLC (1 tab/day) |
| MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB | TIER 1 | |
| <i>mirtazapine orally disintegrating tab 15 mg</i> | TIER 1 | |
| <i>mirtazapine orally disintegrating tab 30 mg</i> | TIER 1 | |
| <i>mirtazapine orally disintegrating tab 45 mg</i> | TIER 1 | |
| <i>mirtazapine tab 15 mg</i> | TIER 1 | |
| <i>mirtazapine tab 30 mg</i> | TIER 1 | |
| <i>mirtazapine tab 45 mg</i> | TIER 1 | |
| <i>mirtazapine tab 7.5 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|--|
| PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB | TIER 1 | |
| ZURZUVAE (<i>zuranolone</i>) 20 MG CAP, 25 MG CAP | TIER 4 | PA, QLC (2 caps/day; max 28 caps/365 days) |
| ZURZUVAE (<i>zuranolone</i>) 30 MG CAP | TIER 4 | PA, QLC (1 cap/day; max 14 caps/365 days) |

MONOAMINE OXIDASE INHIBITORS

| | | |
|--|--------|--|
| PHENELZINE SULFATE 15 MG TAB | TIER 1 | |
| <i>phenelzine sulfate tab 15 mg</i> | TIER 1 | |
| <i>tranylcypromine sulfate tab 10 mg</i> | TIER 2 | |

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

| | | |
|---|--------|------------------|
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i> | TIER 1 | QLC (40 mg/day) |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i> | TIER 1 | QLC (4 tabs/day) |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i> | TIER 1 | QLC (2 tabs/day) |
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i> | TIER 1 | QLC (1 tab/day) |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER) | TIER 2 | QLC (1 tab/day) |
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER) | TIER 2 | QLC (1 tab/day) |
| <i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER) | TIER 2 | QLC (1 tab/day) |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i> | TIER 2 | QLC (24 ml/day) |
| <i>escitalopram oxalate tab 10 mg (base equiv)</i> | TIER 1 | QLC (4 tabs/day) |
| <i>escitalopram oxalate tab 20 mg (base equiv)</i> | TIER 1 | QLC (2 tabs/day) |
| <i>escitalopram oxalate tab 5 mg (base equiv)</i> | TIER 1 | QLC (8 tabs/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB | TIER 1 | QLC (1 tab/day) |
| FLUOXETINE HCL 90 MG CAP DR | TIER 1 | QLC (4 caps/month) |
| <i>fluoxetine hcl cap 10 mg</i> | TIER 1 | |
| <i>fluoxetine hcl cap 20 mg</i> | TIER 1 | |
| <i>fluoxetine hcl cap 40 mg</i> | TIER 1 | |
| <i>fluoxetine hcl solution 20 mg/5ml</i> | TIER 1 | |
| <i>fluoxetine hcl tab 10 mg</i> | TIER 2 | |
| <i>fluoxetine hcl tab 20 mg</i> | TIER 2 | |
| <i>fluvoxamine maleate tab 100 mg</i> | TIER 1 | QLC (3 tabs/day) |
| <i>fluvoxamine maleate tab 25 mg</i> | TIER 1 | QLC (12 tabs/day) |
| <i>fluvoxamine maleate tab 50 mg</i> | TIER 1 | QLC (6 tabs/day) |
| NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB | TIER 1 | |
| <i>paroxetine hcl tab 10 mg</i> | TIER 1 | |
| <i>paroxetine hcl tab 20 mg</i> | TIER 1 | |
| <i>paroxetine hcl tab 30 mg</i> | TIER 1 | |
| <i>paroxetine hcl tab 40 mg</i> | TIER 1 | |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | TIER 1 | |
| <i>sertraline hcl tab 100 mg</i> | TIER 1 | |
| <i>sertraline hcl tab 25 mg</i> | TIER 1 | |
| <i>sertraline hcl tab 50 mg</i> | TIER 1 | |
| <i>trazodone hcl tab 100 mg</i> | TIER 1 | |
| <i>trazodone hcl tab 150 mg</i> | TIER 1 | |
| <i>trazodone hcl tab 300 mg</i> | TIER 1 | |
| <i>trazodone hcl tab 50 mg</i> | TIER 1 | |
| TRINTELLIX (<i>vortioxetine hbr</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB | TIER 2 | ST, QLC (1 tab/day) |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER) | TIER 1 | QLC (2 caps/day) |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER) | TIER 1 | QLC (2 caps/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER) | TIER 1 | QLC (3 caps/day) |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i> | TIER 1 | |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i> | TIER 1 | |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> | TIER 1 | |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i> | TIER 1 | |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i> | TIER 1 | |

TRICYCLICS

| | | |
|-------------------------------------|--------|--|
| <i>amitriptyline hcl tab 10 mg</i> | TIER 1 | |
| <i>amitriptyline hcl tab 100 mg</i> | TIER 1 | |
| <i>amitriptyline hcl tab 150 mg</i> | TIER 1 | |
| <i>amitriptyline hcl tab 25 mg</i> | TIER 1 | |
| <i>amitriptyline hcl tab 50 mg</i> | TIER 1 | |
| <i>amitriptyline hcl tab 75 mg</i> | TIER 1 | |
| <i>amoxapine tab 100 mg</i> | TIER 1 | |
| <i>amoxapine tab 150 mg</i> | TIER 1 | |
| <i>amoxapine tab 25 mg</i> | TIER 1 | |
| <i>amoxapine tab 50 mg</i> | TIER 1 | |
| <i>clomipramine hcl cap 25 mg</i> | TIER 3 | |
| <i>clomipramine hcl cap 50 mg</i> | TIER 3 | |
| <i>clomipramine hcl cap 75 mg</i> | TIER 3 | |
| <i>desipramine hcl tab 10 mg</i> | TIER 2 | |
| <i>desipramine hcl tab 100 mg</i> | TIER 2 | |
| <i>desipramine hcl tab 150 mg</i> | TIER 2 | |
| <i>desipramine hcl tab 25 mg</i> | TIER 2 | |
| <i>desipramine hcl tab 50 mg</i> | TIER 2 | |
| <i>desipramine hcl tab 75 mg</i> | TIER 2 | |
| <i>doxepin hcl cap 10 mg</i> | TIER 1 | |
| <i>doxepin hcl cap 100 mg</i> | TIER 1 | |
| <i>doxepin hcl cap 150 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>doxepin hcl cap 25 mg</i> | TIER 1 | |
| <i>doxepin hcl cap 50 mg</i> | TIER 1 | |
| <i>doxepin hcl cap 75 mg</i> | TIER 1 | |
| <i>doxepin hcl conc 10 mg/ml</i> | TIER 1 | |
| <i>imipramine hcl tab 10 mg</i> | TIER 1 | |
| <i>imipramine hcl tab 25 mg</i> | TIER 1 | |
| <i>imipramine hcl tab 50 mg</i> | TIER 1 | |
| <i>nortriptyline hcl cap 10 mg</i> | TIER 1 | |
| <i>nortriptyline hcl cap 25 mg</i> | TIER 1 | |
| <i>nortriptyline hcl cap 50 mg</i> | TIER 1 | |
| <i>nortriptyline hcl cap 75 mg</i> | TIER 1 | |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | TIER 2 | |
| <i>protriptyline hcl tab 10 mg</i> | TIER 2 | |
| <i>protriptyline hcl tab 5 mg</i> | TIER 2 | |
| <i>trimipramine maleate cap 100 mg</i> | TIER 3 | |
| <i>trimipramine maleate cap 25 mg</i> | TIER 3 | |
| <i>trimipramine maleate cap 50 mg</i> | TIER 3 | |

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

| | | |
|---|--------|--|
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i> | TIER 1 | |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i> | TIER 1 | |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i> | TIER 1 | |
| <i>perphenazine tab 16 mg</i> | TIER 1 | |
| <i>perphenazine tab 2 mg</i> | TIER 1 | |
| <i>perphenazine tab 4 mg</i> | TIER 1 | |
| <i>perphenazine tab 8 mg</i> | TIER 1 | |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i> | TIER 1 | |
| <i>prochlorperazine suppos 25 mg</i> | TIER 2 | |
| prochlorperazine suppos 25 mg (Compro) | TIER 2 | |
| <i>promethazine hcl suppos 12.5 mg</i> | TIER 2 | |
| promethazine hcl suppos 12.5 mg (Promethegan) | TIER 2 | |
| <i>promethazine hcl suppos 25 mg</i> | TIER 2 | |
| promethazine hcl suppos 25 mg (Promethegan) | TIER 2 | |
| <i>promethazine hcl tab 12.5 mg</i> | TIER 1 | |
| <i>promethazine hcl tab 25 mg</i> | TIER 1 | |
| <i>promethazine hcl tab 50 mg</i> | TIER 1 | |
| PROMETHEGAN (<i>promethazine hcl</i>) 50 MG SUPPOS | TIER 2 | QLC (1 suppository/day) |
| <i>scopolamine td patch 72hr 1 mg/3days</i> | TIER 1 | |
| <i>trimethobenzamide hcl cap 300 mg</i> | TIER 1 | |

EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

| | | |
|--|--------|---------------------|
| <i>aprepitant capsule 125 mg</i> | TIER 2 | QLC (1 cap/7 days) |
| <i>aprepitant capsule 40 mg</i> | TIER 2 | QLC (1 cap/month) |
| <i>aprepitant capsule 80 mg</i> | TIER 2 | QLC (2 caps/7 days) |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | TIER 2 | QLC (3 caps/7 days) |
| <i>granisetron hcl tab 1 mg</i> | TIER 1 | QLC (12 tabs/fill) |
| ONDANSETRON HCL 24 MG TAB | TIER 1 | QLC (1 tab/fill) |
| <i>ondansetron hcl oral soln 4 mg/5ml</i> | TIER 1 | QLC (1 bottle/fill) |
| <i>ondansetron hcl tab 4 mg</i> | TIER 1 | QLC (6 tabs/day) |
| <i>ondansetron hcl tab 8 mg</i> | TIER 1 | QLC (3 tabs/day) |
| <i>ondansetron orally disintegrating tab 4 mg</i> | TIER 1 | QLC (6 tabs/day) |
| <i>ondansetron orally disintegrating tab 8 mg</i> | TIER 1 | QLC (3 tabs/day) |

ANTIFUNGALS (Drugs for Fungal Infections)

| | | |
|----------------------------------|--------|--|
| <i>clotrimazole troche 10 mg</i> | TIER 1 | |
|----------------------------------|--------|--|

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>econazole nitrate cream 1%</i> | TIER 1 | |
| <i>fluconazole for susp 10 mg/ml</i> | TIER 1 | |
| <i>fluconazole for susp 40 mg/ml</i> | TIER 1 | |
| <i>fluconazole tab 100 mg</i> | TIER 1 | |
| <i>fluconazole tab 150 mg</i> | TIER 1 | |
| <i>fluconazole tab 200 mg</i> | TIER 1 | |
| <i>fluconazole tab 50 mg</i> | TIER 1 | |
| <i>griseofulvin microsize susp 125 mg/5ml</i> | TIER 2 | |
| <i>itraconazole cap 100 mg</i> | TIER 2 | QLC (4 caps/day) |
| <i>ketoconazole cream 2%</i> | TIER 1 | |
| <i>ketoconazole shampoo 2%</i> | TIER 1 | |
| <i>ketoconazole tab 200 mg</i> | TIER 1 | |
| MICONAZOLE 3 (<i>miconazole nitrate vaginal</i>) 200 MG SUPPOS | TIER 1 | |
| <i>nystatin cream 100000 unit/gm</i> | TIER 1 | |
| <i>nystatin oint 100000 unit/gm</i> | TIER 1 | |
| <i>nystatin susp 100000 unit/ml</i> | TIER 1 | |
| <i>nystatin tab 500000 unit</i> | TIER 1 | |
| <i>nystatin topical powder 100000 unit/gm</i> | TIER 1 | |
| nystatin topical powder 100000 unit/gm (Klayesta) | TIER 1 | |
| nystatin topical powder 100000 unit/gm (Nyamyc) | TIER 1 | |
| nystatin topical powder 100000 unit/gm (Nystop) | TIER 1 | |
| <i>terbinafine hcl tab 250 mg</i> | TIER 1 | QLC (30 tabs/month) |
| <i>terconazole vaginal cream 0.4%</i> | TIER 1 | |
| <i>terconazole vaginal cream 0.8%</i> | TIER 1 | |
| <i>voriconazole for susp 40 mg/ml</i> | TIER 2 | PA |
| <i>voriconazole tab 200 mg</i> | TIER 2 | PA |
| <i>voriconazole tab 50 mg</i> | TIER 2 | PA |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANTIGOUT AGENTS (Drugs for Gout)

| | | |
|---|--------|------------------|
| <i>allopurinol tab 100 mg</i> | TIER 1 | |
| <i>allopurinol tab 300 mg</i> | TIER 1 | |
| <i>colchicine cap 0.6 mg</i> | TIER 2 | QLC (2 caps/day) |
| <i>colchicine tab 0.6 mg</i> | TIER 1 | QLC (4 tabs/day) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> (COLCHICINE-PROBENECID) | TIER 1 | |
| <i>probenecid tab 500 mg</i> | TIER 1 | |

ANTIMIGRAINE AGENTS (Drugs for Migraine)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

| | | |
|---|--------|---|
| AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 140 MG/ML SOLN -INJ | TIER 2 | PA, QLC (1 injection/28 days) |
| AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 70 MG/ML SOLN -INJ | TIER 2 | PA, QLC (1 injection/28 days) |
| AJOVY (<i>fremanezumab-vfrm</i>) 225 MG/1.5ML SOLN PRSYR | TIER 2 | PA, QLC (3 syringes/84 days) |
| AJOVY (<i>fremanezumab-vfrm</i>) JOVY 225 MG/1.5ML SOLN -INJ | TIER 2 | PA, QLC (3 autoinjectors/84 days) |
| EMGALITY (<i>galcanezumab-gnlm</i>) 120 MG/ML SOLN PRSYR | TIER 2 | PA, QLC (1 syringe/30 days) |
| EMGALITY (<i>galcanezumab-gnlm</i>) EMGLITY 120 MG/ML SOLN -INJ | TIER 2 | PA, QLC (1 pen injector/30 days) |
| NURTEC (<i>rimegepant sulfate</i>) 75 MG TAB DISP | TIER 2 | PA, QLC (16 tabs/30 days) |
| UBRELVY (<i>ubrogepant</i>) 50 MG TAB, 100 MG TAB | TIER 2 | PA, QLC (2 tabs/day; max 16 tabs/30 days) |

ERGOT ALKALOIDS (Drugs for Acute Migraine)

| | | |
|---|--------|-------------------------|
| <i>dihydroergotamine mesylate inj 1 mg/ml</i> | TIER 4 | PA, QLC (24 ml/28 days) |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> | TIER 4 | PA, QLC (8 vials/month) |
| ERGOTAMINE-CAFFEINE (<i>ergotamine w/ caffeine</i>) -1-100 MG TAB | TIER 3 | QLC (10 tabs/week) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|--|
| SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine) | | |
| <i>naratriptan hcl tab 1 mg (base equiv)</i> | TIER 1 | QLC (18 tabs/month) |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i> | TIER 1 | QLC (18 tabs/month) |
| REYVOW (<i>lasmiditan succinate</i>) 50 MG TAB, 100 MG TAB | TIER 2 | PA, QLC (8 tabs/30 days) |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | TIER 1 | QLC (24 tabs/month) |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> | TIER 1 | QLC (24 tabs/month) |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i> | TIER 1 | QLC (24 tabs/month) |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i> | TIER 1 | QLC (24 tabs/month) |
| <i>sumatriptan nasal spray 20 mg/act</i> | TIER 2 | QLC (18 nasal sprays/month) |
| <i>sumatriptan nasal spray 5 mg/act</i> | TIER 2 | QLC (18 nasal sprays/month) |
| SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i> | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i> | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| <i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL) | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| <i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL) | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| <i>sumatriptan succinate tab 100 mg</i> | TIER 1 | QLC (18 tabs/month) |
| <i>sumatriptan succinate tab 25 mg</i> | TIER 1 | QLC (18 tabs/month) |
| <i>sumatriptan succinate tab 50 mg</i> | TIER 1 | QLC (18 tabs/month) |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i> | TIER 2 | QLC (18 tabs/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>zolmitriptan orally disintegrating tab 5 mg</i> | TIER 2 | QLC (18 tabs/month) |
| <i>zolmitriptan tab 2.5 mg</i> | TIER 2 | QLC (18 tabs/month) |
| zolmitriptan tab 2.5 mg (Zomig) | TIER 2 | QLC (18 tabs/month) |
| <i>zolmitriptan tab 5 mg</i> | TIER 2 | QLC (18 tabs/month) |
| zolmitriptan tab 5 mg (Zomig) | TIER 2 | QLC (18 tabs/month) |

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

| | | |
|---|--------|-------------------|
| GUANIDINE HCL 125 MG TAB | TIER 1 | |
| PYRIDOSTIGMINE BROMIDE 30 MG TAB | TIER 1 | QLC (6 tabs/day) |
| <i>pyridostigmine bromide tab 60 mg</i> | TIER 1 | QLC (25 tabs/day) |

ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)

| | | |
|-----------------------------|--------|--|
| <i>dapsone tab 100 mg</i> | TIER 1 | |
| <i>dapsone tab 25 mg</i> | TIER 1 | |
| <i>rifabutin cap 150 mg</i> | TIER 2 | |

ANTITUBERCULARS (Drugs for Tuberculosis)

| | | |
|--|--------|--|
| <i>cycloserine cap 250 mg</i> | TIER 3 | |
| <i>ethambutol hcl tab 100 mg</i> | TIER 1 | |
| <i>ethambutol hcl tab 400 mg</i> | TIER 1 | |
| ISONIAZID 100 MG TAB | TIER 1 | |
| <i>isoniazid syrup 50 mg/5ml</i> | TIER 1 | |
| <i>isoniazid tab 300 mg</i> | TIER 1 | |
| PASER (<i>aminosalicylic acid</i>) 4 GM PACKET | TIER 3 | |
| PRIFTIN (<i>rifapentine</i>) 150 MG TAB | TIER 2 | |
| <i>pyrazinamide tab 500 mg</i> | TIER 1 | |
| <i>rifampin cap 150 mg</i> | TIER 1 | |
| <i>rifampin cap 300 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| RIFATER (<i>isoniazid-rifampin w/ pyrazinamide</i>) 50-120-300 MG TAB | TIER 3 | |
| TRECTOR (<i>ethionamide</i>) 250 MG TAB | TIER 3 | |

ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

| | | |
|---|--------|---------|
| CYCLOPHOSPHAMIDE 25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB | TIER 2 | OAC |
| <i>cyclophosphamide cap 25 mg</i> | TIER 2 | OAC |
| <i>cyclophosphamide cap 50 mg</i> | TIER 2 | OAC |
| GLEOSTINE (<i>lomustine</i>) 10 MG CAP, 40 MG CAP, 100 MG CAP | TIER 4 | OAC |
| LEUKERAN (<i>chlorambucil</i>) 2 MG TAB | TIER 4 | OAC |
| MATULANE (<i>procarbazine hcl</i>) 50 MG CAP | TIER 4 | SP, OAC |

ANTIANDROGENS

| | | |
|---|--------|---|
| <i>abiraterone acetate tab 250 mg</i> | TIER 4 | PA, SP, QLC (4 tabs/day), SUM1 (1), C2 (1073947636), C3 (1235580697), OAC |
| <i>abiraterone acetate tab 500 mg</i> | TIER 4 | PA, SP, QLC (2 tabs/day), OAC |
| <i>bicalutamide tab 50 mg</i> | TIER 1 | OAC |
| ERLEADA (<i>apalutamide</i>) 240 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day), OAC |
| ERLEADA (<i>apalutamide</i>) 60 MG TAB | TIER 4 | PA, SP, QLC (4 tabs/day), OAC |
| FLUTAMIDE 125 MG CAP | TIER 1 | OAC |
| <i>flutamide cap 125 mg</i> | TIER 1 | OAC |
| XTANDI (<i>enzalutamide</i>) 40 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), SF, OAC |
| XTANDI (<i>enzalutamide</i>) 40 MG TAB | TIER 4 | PA, SP, QLC (4 tabs/day), SF, OAC |
| XTANDI (<i>enzalutamide</i>) 80 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |

ANTIANGIOGENIC AGENTS

| | | |
|-------------------------------|--------|------------------------------|
| <i>lenalidomide cap 10 mg</i> | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| <i>lenalidomide cap 15 mg</i> | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| <i>lenalidomide cap 20 mg</i> | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| <i>lenalidomide cap 25 mg</i> | TIER 4 | PA, SP, QLC (1 cap/day), OAC |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>lenalidomide cap 5 mg</i> | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| <i>lenalidomide caps 2.5 mg</i> | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| POMALYST (<i>pomalidomide</i>) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| REVLIMID (<i>lenalidomide</i>) 2.5 MG CAP, 20 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| REVLIMID (<i>lenalidomide</i>) 5 MG CAP, 10 MG CAP, 15 MG CAP, 25 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| THALOMID (<i>thalidomide</i>) 150 MG CAP, 200 MG CAP | TIER 4 | PA, SP, QLC (2 caps/day), OAC |
| THALOMID (<i>thalidomide</i>) 50 MG CAP, 100 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day), OAC |

ANTIESTROGENS/MODIFIERS

| | | |
|---|--------|------------------------------|
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i> | TIER 1 | ACA (Preventive Health), OAC |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i> | TIER 1 | ACA (Preventive Health), OAC |
| <i>toremifene citrate tab 60 mg (base equivalent)</i> | TIER 4 | OAC |

ANTIMETABOLITES

| | | |
|---|--------|---------|
| <i>capecitabine tab 150 mg</i> | TIER 4 | SP, OAC |
| <i>capecitabine tab 500 mg</i> | TIER 4 | SP, OAC |
| <i>mercaptopurine tab 50 mg</i> | TIER 1 | OAC |
| TABLOID (<i>thioguanine</i>) LOID 40 MG | TIER 4 | OAC |

ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)

| | | |
|--|--------|-----------------------------------|
| <i>hydroxyurea cap 500 mg</i> | TIER 1 | OAC |
| <i>leucovorin calcium tab 10 mg</i> | TIER 1 | OAC |
| <i>leucovorin calcium tab 15 mg</i> | TIER 1 | OAC |
| <i>leucovorin calcium tab 25 mg</i> | TIER 1 | OAC |
| <i>leucovorin calcium tab 5 mg</i> | TIER 1 | OAC |
| LYSODREN (<i>mitotane</i>) 500 MG TAB | TIER 4 | SF, OAC |
| ZOLINZA (<i>vorinostat</i>) 100 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), SF, OAC |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|---|
| AROMATASE INHIBITORS, 3RD GENERATION | | |
| <i>anastrozole tab 1 mg</i> | TIER 1 | ACA (Preventive Health), OAC |
| <i>exemestane tab 25 mg</i> | TIER 2 | OAC |
| <i>letrozole tab 2.5 mg</i> | TIER 1 | OAC |
| ENZYME INHIBITORS | | |
| ETOPOSIDE 50 MG CAP | TIER 4 | OAC |
| MOLECULAR TARGET INHIBITORS | | |
| CAPRELSA (<i>vandetanib</i>) 100 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), OAC |
| CAPRELSA (<i>vandetanib</i>) 300 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day), OAC |
| COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT | TIER 4 | PA, SP, QLC (56 caps/28 days), OAC |
| COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 3 X 20 & 80 KIT | TIER 4 | PA, SP, QLC (112 caps/28 days), OAC |
| COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 20 KIT | TIER 4 | PA, SP, QLC (84 caps/28 days), OAC |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i> | TIER 4 | PA, SP, QLC (1 tab/day), SF, OAC |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i> | TIER 4 | PA, SP, QLC (1 tab/day), SF, OAC |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i> | TIER 4 | PA, SP, QLC (3 tabs/day), SF, OAC |
| <i>everolimus tab 10 mg</i> | TIER 4 | PA, SP, QLC (2 tabs/day), OAC |
| everolimus tab 10 mg (Torpenz) | TIER 4 | OAC |
| <i>everolimus tab 2.5 mg</i> | TIER 4 | PA, SP, QLC (1 tab/day), SF, OAC |
| everolimus tab 2.5 mg (Torpenz) | TIER 4 | SF, OAC |
| <i>everolimus tab 5 mg</i> | TIER 4 | PA, SP, QLC (1 tab/day), SF, OAC |
| everolimus tab 5 mg (Torpenz) | TIER 4 | SF, OAC |
| <i>everolimus tab 7.5 mg</i> | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |
| everolimus tab 7.5 mg (Torpenz) | TIER 4 | SF, OAC |
| <i>everolimus tab for oral susp 2 mg</i> | TIER 4 | PA, SP, QLC (2 tabs/day), OAC |
| <i>everolimus tab for oral susp 3 mg</i> | TIER 4 | PA, SP, QLC (4 tabs/day), OAC |
| <i>everolimus tab for oral susp 5 mg</i> | TIER 4 | PA, SP, QLC (1 tab/day), OAC |
| GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day), OAC |
| IBRANCE (<i>palbociclib</i>) 125 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day; max 21 tabs/28 days), OAC |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|---|
| IBRANCE (<i>palbociclib</i>) 75 MG CAP, 100 MG CAP, 125 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day, max 21 caps/28 days), OAC |
| IBRANCE (<i>palbociclib</i>) 75 MG TAB, 100 MG TAB | TIER 4 | PA, SP, QLC (1 tab day; max 21 tabs/28 days), OAC |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | TIER 4 | PA, SP, QLC (8 tabs/day), SF, OAC |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |
| JAKAFI (<i>ruxolitinib phosphate</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |
| KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>) (TAB THPK) | TIER 4 | PA, SP, QLC (1 pack/28 days), OAC |
| KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK | TIER 4 | PA, SP, QLC (1 pack/28 days), OAC |
| KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK | TIER 4 | PA, SP, QLC (1 pack/28 days), OAC |
| KISQALI FEMARA (200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) (& 2.5 TAB THPK) | TIER 4 | PA, SP, QLC (1 pack/28 days), OAC |
| KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK | TIER 4 | PA, SP, QLC (1 pack/28 days), OAC |
| KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK | TIER 4 | PA, SP, QLC (1 pack/28 days), OAC |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i> | TIER 3 | PA, SP, QLC (6 tabs/day), OAC |
| LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB | TIER 4 | PA, SP, QLC (4 tabs/day), SF, OAC |
| MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.05 MG/ML RECON SOLN | TIER 4 | PA, SP, QLC (40 ml/day), OAC |
| MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB | TIER 4 | PA, SP, QLC (3 tabs/day), OAC |
| MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day), OAC |
| ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day), SF, OAC |
| <i>pazopanib hcl tab 200 mg (base equiv)</i> | TIER 4 | PA, SP, QLC (4 tabs/day), SF, OAC |
| <i>sorafenib tosylate tab 200 mg (base equivalent)</i> | TIER 4 | PA, SP, QLC (4 tabs/day), OAC |
| SPRYCEL (<i>dasatinib</i>) 100 MG TAB, 140 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day), SF, OAC |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|-----------------------------------|
| SPRYCEL (<i>dasatinib</i>) 20 MG TAB, 50 MG TAB | TIER 4 | PA, SP, QLC (3 tabs/day), SF, OAC |
| SPRYCEL (<i>dasatinib</i>) 70 MG TAB, 80 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |
| STIVARGA (<i>regorafenib</i>) 40 MG TAB | TIER 4 | PA, SP, QLC (4 tabs/day), OAC |
| <i>sunitinib malate cap 12.5 mg (base equivalent)</i> | TIER 4 | PA, SP, QLC (3 caps/day), SF, OAC |
| <i>sunitinib malate cap 25 mg (base equivalent)</i> | TIER 4 | PA, SP, QLC (1 cap/day), SF, OAC |
| <i>sunitinib malate cap 37.5 mg (base equivalent)</i> | TIER 4 | PA, SP, QLC (1 cap/day), SF, OAC |
| <i>sunitinib malate cap 50 mg (base equivalent)</i> | TIER 4 | PA, SP, QLC (1 cap/day), SF, OAC |
| TAFINLAR (<i>dabrafenib mesylate</i>) 10 MG TAB SOL | TIER 4 | PA, SP, QLC (30 tabs/day), OAC |
| TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAP, 75 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), OAC |
| TASIGNA (<i>nilotinib hcl</i>) 50 MG CAP, 150 MG CAP, 200 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), SF, OAC |
| TIBSOVO (<i>ivosidenib</i>) 250 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |
| XALKORI (<i>crizotinib</i>) 150 MG CAP SPRINK | TIER 4 | PA, SP, QLC (6 caps/day), SF, OAC |
| XALKORI (<i>crizotinib</i>) 20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), SF, OAC |

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

| | | |
|--|--------|----------------------------|
| XGEVA (<i>denosumab</i>) 120 MG/1.7ML SOLUTION | TIER 4 | PA, SP, QLC (1 vial/month) |
|--|--------|----------------------------|

RETINOIDS

| | | |
|--|--------|-----------------------------------|
| <i>bexarotene cap 75 mg</i> | TIER 4 | PA, SP, QLC (8 caps/day), SF, OAC |
| PANRETIN (<i>alitretinoin</i>) 0.1 % GEL | TIER 4 | PA |
| <i>tretinoin cap 10 mg</i> | TIER 4 | QLC (9 caps/day), OAC |

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

| | | |
|------------------------------------|--------|-----|
| MESNEX (<i>mesna</i>) 400 MG TAB | TIER 2 | OAC |
|------------------------------------|--------|-----|

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANTIPARASITICS (Drugs for Parasitic Infections)

ANTHELMINTHICS (Drugs for Worm Infection)

| | | |
|--------------------------------|--------|---|
| <i>albendazole tab 200 mg</i> | TIER 3 | QLC (4 tabs/day) |
| <i>ivermectin tab 3 mg</i> | TIER 1 | QLC (8 tabs/fill; max 2 fills/365 days) |
| <i>praziquantel tab 600 mg</i> | TIER 3 | |

ANTIPROTOZOALS (Drugs for Protozoal Infection)

| | | |
|--|--------|-----------------------|
| <i>atovaquone susp 750 mg/5ml</i> | TIER 3 | PA |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | TIER 1 | QLC (3 tabs/day) |
| <i>chloroquine phosphate tab 250 mg</i> | TIER 1 | QLC (25 tabs/30 days) |
| <i>chloroquine phosphate tab 500 mg</i> | TIER 1 | QLC (25 tabs/30 days) |
| COARTEM (<i>artemether-lumefantrine</i>) 20-120 MG TAB | TIER 3 | QLC (24 tabs/fill) |
| <i>hydroxychloroquine sulfate tab 100 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>hydroxychloroquine sulfate tab 200 mg</i> | TIER 1 | QLC (3 tabs/day) |
| <i>hydroxychloroquine sulfate tab 300 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>hydroxychloroquine sulfate tab 400 mg</i> | TIER 1 | QLC (1 tab/day) |
| KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB | TIER 3 | QLC (2 tabs/28 days) |
| <i>mefloquine hcl tab 250 mg</i> | TIER 1 | QLC (5 tabs/fill) |
| <i>nitazoxanide tab 500 mg</i> | TIER 3 | PA, QLC (6 tabs/fill) |
| PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB | TIER 1 | |
| <i>primaquine phosphate tab 26.3 mg (15 mg base)</i> | TIER 1 | |
| <i>pyrimethamine tab 25 mg</i> | TIER 4 | PA, SP |
| <i>quinine sulfate cap 324 mg</i> | TIER 1 | QLC (6 caps/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

ANTICHOLINERGICS

| | | |
|--|--------|--|
| <i>benztropine mesylate tab 0.5 mg</i> | TIER 1 | |
| <i>benztropine mesylate tab 1 mg</i> | TIER 1 | |
| <i>benztropine mesylate tab 2 mg</i> | TIER 1 | |
| TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION | TIER 1 | |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> | TIER 1 | |
| <i>trihexyphenidyl hcl tab 2 mg</i> | TIER 1 | |
| <i>trihexyphenidyl hcl tab 5 mg</i> | TIER 1 | |

ANTIPARKINSON AGENTS, OTHER

| | | |
|---|--------|------------------|
| <i>amantadine hcl cap 100 mg</i> | TIER 1 | |
| <i>amantadine hcl soln 50 mg/5ml</i> | TIER 1 | |
| <i>amantadine hcl tab 100 mg</i> | TIER 1 | |
| CARBIDOPA-LEVODOPA-ENTACAPONE -- 12.5-50-200 MG TAB, --18.75-75-200 MG TAB, --37.5-150-200 MG TAB | TIER 2 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | TIER 2 | |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | TIER 2 | |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | TIER 2 | |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | TIER 2 | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | TIER 2 | |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | TIER 2 | |
| <i>entacapone tab 200 mg</i> | TIER 2 | QLC (8 tabs/day) |

DOPAMINE AGONISTS

| | | |
|--|--------|--|
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i> | TIER 1 | |
|--|--------|--|

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> | TIER 1 | |
| <i>pramipexole dihydrochloride tab 0.125 mg</i> | TIER 1 | |
| <i>pramipexole dihydrochloride tab 0.25 mg</i> | TIER 1 | |
| <i>pramipexole dihydrochloride tab 0.5 mg</i> | TIER 1 | |
| <i>pramipexole dihydrochloride tab 0.75 mg</i> | TIER 1 | |
| <i>pramipexole dihydrochloride tab 1 mg</i> | TIER 1 | |
| <i>pramipexole dihydrochloride tab 1.5 mg</i> | TIER 1 | |
| <i>ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL)</i> | TIER 1 | |
| <i>ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL)</i> | TIER 1 | |
| <i>ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL)</i> | TIER 1 | |
| <i>ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL)</i> | TIER 1 | |
| <i>ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL)</i> | TIER 1 | |
| <i>ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL)</i> | TIER 1 | |
| <i>ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL)</i> | TIER 1 | |
| <i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)(ROPINIROLE HCL ER)</i> | TIER 1 | QLC (2 tabs/day) |
| <i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)(ROPINIROLE HCL ER) 4hr</i> | TIER 1 | QLC (1 tab/day) |
| <i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)(ROPINIROLE HCL ER) 2hr</i> | TIER 1 | QLC (1 tab/day) |
| <i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)(ROPINIROLE HCL ER)</i> | TIER 1 | QLC (1 tab/day) |
| <i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)(ROPINIROLE HCL ER)</i> | TIER 1 | QLC (3 tabs/day) |

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

| | | |
|--|--------|------------------|
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg (CARBIDOPA-LEVODOPA)</i> | TIER 1 | QLC (8 tabs/day) |
|--|--------|------------------|

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA) | TIER 1 | QLC (8 tabs/day) |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA) | TIER 1 | QLC (8 tabs/day) |
| <i>carbidopa & levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA) | TIER 1 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA) | TIER 1 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA) | TIER 1 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER) | TIER 1 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER) | TIER 1 | |
| <i>carbidopa tab 25 mg</i> | TIER 2 | |
| CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP | TIER 1 | QLC (8 tabs/day) |

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

| | | |
|--|--------|-----------------|
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i> | TIER 2 | QLC (1 tab/day) |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i> | TIER 2 | QLC (1 tab/day) |
| <i>selegiline hcl cap 5 mg</i> | TIER 1 | |
| <i>selegiline hcl tab 5 mg</i> | TIER 1 | |

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

| | | |
|--------------------------------------|--------|--|
| <i>chlorpromazine hcl tab 10 mg</i> | TIER 2 | |
| <i>chlorpromazine hcl tab 100 mg</i> | TIER 2 | |
| <i>chlorpromazine hcl tab 200 mg</i> | TIER 2 | |
| <i>chlorpromazine hcl tab 25 mg</i> | TIER 2 | |
| <i>chlorpromazine hcl tab 50 mg</i> | TIER 2 | |
| <i>fluphenazine hcl tab 1 mg</i> | TIER 2 | |
| <i>fluphenazine hcl tab 10 mg</i> | TIER 2 | |
| <i>fluphenazine hcl tab 2.5 mg</i> | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>fluphenazine hcl tab 5 mg</i> | TIER 2 | |
| <i>haloperidol lactate oral conc 2 mg/ml</i> | TIER 1 | |
| <i>haloperidol tab 0.5 mg</i> | TIER 1 | |
| <i>haloperidol tab 1 mg</i> | TIER 1 | |
| <i>haloperidol tab 10 mg</i> | TIER 1 | |
| <i>haloperidol tab 2 mg</i> | TIER 1 | |
| <i>haloperidol tab 20 mg</i> | TIER 1 | |
| <i>haloperidol tab 5 mg</i> | TIER 1 | |
| <i>loxapine succinate cap 10 mg</i> | TIER 1 | |
| <i>loxapine succinate cap 25 mg</i> | TIER 1 | |
| <i>loxapine succinate cap 5 mg</i> | TIER 1 | |
| <i>loxapine succinate cap 50 mg</i> | TIER 1 | |
| PIMOZIDE 1 MG TAB, 2 MG TAB | TIER 1 | |
| <i>thioridazine hcl tab 10 mg</i> | TIER 1 | |
| <i>thioridazine hcl tab 100 mg</i> | TIER 1 | |
| <i>thioridazine hcl tab 25 mg</i> | TIER 1 | |
| <i>thioridazine hcl tab 50 mg</i> | TIER 1 | |
| <i>thiothixene cap 1 mg</i> | TIER 1 | |
| <i>thiothixene cap 10 mg</i> | TIER 1 | |
| <i>thiothixene cap 2 mg</i> | TIER 1 | |
| <i>thiothixene cap 5 mg</i> | TIER 1 | |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i> | TIER 1 | |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i> | TIER 1 | |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i> | TIER 1 | |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i> | TIER 1 | |
| 2ND GENERATION/ATYPICAL | | |
| <i>aripiprazole oral solution 1 mg/ml</i> | TIER 2 | QLC (25 ml/day) |
| <i>aripiprazole tab 10 mg</i> | TIER 1 | QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>aripiprazole tab 15 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>aripiprazole tab 2 mg</i> | TIER 1 | QLC (4 tabs/day) |
| <i>aripiprazole tab 20 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>aripiprazole tab 30 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>aripiprazole tab 5 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>lurasidone hcl tab 120 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>lurasidone hcl tab 20 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>lurasidone hcl tab 40 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>lurasidone hcl tab 60 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>lurasidone hcl tab 80 mg</i> | TIER 2 | QLC (2 tabs/day) |
| <i>olanzapine orally disintegrating tab 10 mg</i> | TIER 2 | |
| <i>olanzapine orally disintegrating tab 15 mg</i> | TIER 2 | |
| <i>olanzapine orally disintegrating tab 20 mg</i> | TIER 2 | |
| <i>olanzapine orally disintegrating tab 5 mg</i> | TIER 2 | |
| <i>olanzapine tab 10 mg</i> | TIER 1 | |
| <i>olanzapine tab 15 mg</i> | TIER 1 | |
| <i>olanzapine tab 2.5 mg</i> | TIER 1 | |
| <i>olanzapine tab 20 mg</i> | TIER 1 | |
| <i>olanzapine tab 5 mg</i> | TIER 1 | |
| <i>olanzapine tab 7.5 mg</i> | TIER 1 | |
| QUETIAPINE FUMARATE 150 MG TAB | TIER 1 | |
| <i>quetiapine fumarate tab 100 mg</i> | TIER 1 | |
| <i>quetiapine fumarate tab 200 mg</i> | TIER 1 | |
| <i>quetiapine fumarate tab 25 mg</i> | TIER 1 | |
| <i>quetiapine fumarate tab 300 mg</i> | TIER 1 | |
| <i>quetiapine fumarate tab 400 mg</i> | TIER 1 | |
| <i>quetiapine fumarate tab 50 mg</i> | TIER 1 | |
| REXULTI (<i>brexipiprazole</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB | TIER 3 | QLC (1 tab/day) |
| <i>risperidone soln 1 mg/ml</i> | TIER 1 | |
| <i>risperidone tab 0.25 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>risperidone tab 0.5 mg</i> | TIER 1 | |
| <i>risperidone tab 1 mg</i> | TIER 1 | |
| <i>risperidone tab 2 mg</i> | TIER 1 | |
| <i>risperidone tab 3 mg</i> | TIER 1 | |
| <i>risperidone tab 4 mg</i> | TIER 1 | |
| VRAYLAR (<i>cariprazine hcl</i>) 1.5 & 3 MG CAP THPK | TIER 2 | QLC (1 pack/month) |
| VRAYLAR (<i>cariprazine hcl</i>) 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP | TIER 2 | QLC (1 cap/day) |
| <i>ziprasidone hcl cap 20 mg</i> | TIER 1 | |
| <i>ziprasidone hcl cap 40 mg</i> | TIER 1 | |
| <i>ziprasidone hcl cap 60 mg</i> | TIER 1 | |
| <i>ziprasidone hcl cap 80 mg</i> | TIER 1 | |

TREATMENT-RESISTANT

| | | |
|-----------------------------|--------|--|
| <i>clozapine tab 100 mg</i> | TIER 1 | |
| <i>clozapine tab 200 mg</i> | TIER 1 | |
| <i>clozapine tab 25 mg</i> | TIER 1 | |
| <i>clozapine tab 50 mg</i> | TIER 1 | |

ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

| | | |
|--|--------|------------------|
| BACLOFEN 15 MG TAB | TIER 2 | QLC (4 tabs/day) |
| <i>baclofen tab 10 mg</i> | TIER 1 | QLC (8 tabs/day) |
| <i>baclofen tab 20 mg</i> | TIER 1 | QLC (4 tabs/day) |
| <i>baclofen tab 5 mg</i> | TIER 2 | QLC (3 tabs/day) |
| <i>dantrolene sodium cap 100 mg</i> | TIER 2 | |
| <i>dantrolene sodium cap 25 mg</i> | TIER 2 | |
| <i>dantrolene sodium cap 50 mg</i> | TIER 2 | |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i> | TIER 1 | |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANTIVIRALS (Drugs for Viral Infections)

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)

| | | |
|--|--------|------------------|
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> | TIER 1 | QLC (18 ml/day) |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i> | TIER 1 | QLC (2 tabs/day) |

ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)

| | | |
|---|--------|-----------------|
| <i>adefovir dipivoxil tab 10 mg</i> | TIER 4 | QLC (1 tab/day) |
| <i>entecavir tab 0.5 mg</i> | TIER 4 | QLC (1 tab/day) |
| <i>entecavir tab 1 mg</i> | TIER 4 | QLC (1 tab/day) |
| <i>lamivudine tab 100 mg (hbv)</i> | TIER 1 | QLC (1 tab/day) |
| VEMLIDY (<i>tenofovir alafenamide fumarate</i>) 25 MG TAB | TIER 2 | QLC (1 tab/day) |

ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)

| | | |
|--|--------|-----------------------------|
| EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 150-37.5 MG PACKET | TIER 4 | PA, SP, QLC (1 packet/day) |
| EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG PACKET | TIER 4 | PA, SP, QLC (2 packets/day) |
| EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG TAB, 400-100 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day) |
| HARVONI (<i>ledipasvir-sofosbuvir</i>) 33.75-150 MG PACKET | TIER 4 | PA, SP, QLC (1 packet/day) |
| HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG PACKET | TIER 4 | PA, SP, QLC (2 packets/day) |
| HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG TAB, 90-400 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day) |
| PEGINTRON (<i>peginterferon alfa-2b</i>) 50 MCG/0.5ML KIT | TIER 4 | SP |
| RIBAVIRIN (<i>ribavirin (hepatitis c)</i>) 200 MG CAP, 200 MG TAB | TIER 1 | SP |
| <i>ribavirin cap 200 mg</i> | TIER 1 | SP |
| <i>ribavirin tab 200 mg</i> | TIER 1 | SP |
| VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) 400-100-100 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

| | | |
|---|--------|---------------------|
| BIKTARVY (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>) 30-120-15 MG TAB, 50-200-25 MG TAB | TIER 2 | QLC (1 tab/day) |
| GENVOYA (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>) 150-150-200-10 MG | TIER 3 | QLC (1 tab/day) |
| ISENTRESS (<i>raltegravir potassium</i>) 100 MG PACKET | TIER 2 | QLC (2 packets/day) |
| ISENTRESS (<i>raltegravir potassium</i>) 25 MG CHEW TAB, 100 MG CHEW TAB | TIER 2 | QLC (6 tabs/day) |
| ISENTRESS (<i>raltegravir potassium</i>) 400 MG TAB | TIER 2 | QLC (4 tabs/day) |
| ISENTRESS HD (<i>raltegravir potassium</i>) 600 MG TAB | TIER 2 | QLC (2 tabs/day) |
| JULUCA (<i>dolutegravir sodium-rilpivirine hcl</i>) 50-25 MG TAB | TIER 3 | QLC (1 tab/day) |
| TIVICAY (<i>dolutegravir sodium</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB | TIER 3 | QLC (2 tabs/day) |
| TIVICAY PD (<i>dolutegravir sodium</i>) 5 MG TAB SOL | TIER 3 | QLC (5 tabs/day) |

ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

| | | |
|---|--------|------------------|
| COMPLERA (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>) 200-25-300 MG | TIER 3 | QLC (1 tab/day) |
| EDURANT (<i>rilpivirine hcl</i>) 25 MG TAB | TIER 2 | QLC (2 tabs/day) |
| EFAVIRENZ 200 MG CAP | TIER 2 | QLC (3 caps/day) |
| EFAVIRENZ 50 MG CAP | TIER 2 | QLC (6 caps/day) |
| <i>efavirenz tab 600 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFO DF) | TIER 2 | QLC (1 tab/day) |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>etravirine tab 100 mg</i> | TIER 2 | QLC (4 tabs/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>etravirine tab 200 mg</i> | TIER 2 | QLC (2 tabs/day) |
| INTELENCE (<i>etravirine</i>) 25 MG TAB | TIER 2 | QLC (12 tabs/day) |
| NEVIRAPINE 50 MG/5ML SUSPENSION | TIER 1 | QLC (40 ml/day) |
| NEVIRAPINE ER 100 MG TAB 24H | TIER 1 | QLC (3 tabs/day) |
| <i>nevirapine tab 200 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>nevirapine tab er 24hr 400 mg</i> (NEVIRAPINE ER) | TIER 1 | QLC (1 tab/day) |
| ODEFSEY (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>) 200-25-25 MG | TIER 2 | QLC (1 tab/day) |

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

| | | |
|---|--------|--|
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i> | TIER 1 | QLC (30 ml/day) |
| <i>abacavir sulfate tab 300 mg (base equiv)</i> | TIER 1 | QLC (2 tabs/day) |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (ABACAVIR-LAMIVUDINE-ZIDOVUDINE) | TIER 1 | QLC (2 tabs/day) |
| CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB | TIER 2 | QLC (1 tab/day) |
| DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 120-15 MG | TIER 2 | QLC (1 tab/day) |
| DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 200-25 MG | TIER 2 | ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.) |
| DIDANOSINE 200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR | TIER 1 | QLC (1 cap/day) |
| <i>emtricitabine caps 200 mg</i> | TIER 2 | QLC (1 cap/day) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (EMTRICITABINE-TENOFOVIR DF) | TIER 2 | QLC (1 tab/day) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (EMTRICITABINE-TENOFOVIR DF) | TIER 2 | QLC (1 tab/day) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (EMTRICITABINE-TENOFOVIR DF) | TIER 2 | QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|--|
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (EMTRICITABINE-TENOFOVIR DF) | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| EMTRIVA (<i>emtricitabine</i>) 10 MG/ML SOLUTION | TIER 2 | QLC (24 ml/day) |
| <i>lamivudine oral soln 10 mg/ml</i> | TIER 1 | QLC (30 ml/day) |
| <i>lamivudine tab 150 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>lamivudine tab 300 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | TIER 1 | QLC (2 tabs/day) |
| STAVUDINE 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP | TIER 1 | QLC (2 caps/day) |
| <i>stavudine cap 15 mg</i> | TIER 1 | QLC (2 caps/day) |
| <i>stavudine cap 20 mg</i> | TIER 1 | QLC (2 caps/day) |
| <i>stavudine cap 30 mg</i> | TIER 1 | QLC (2 caps/day) |
| <i>stavudine cap 40 mg</i> | TIER 1 | QLC (2 caps/day) |
| TEMIXYS (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB | TIER 2 | QLC (1 tab/day) |
| <i>tenofovir disoproxil fumarate tab 300 mg</i> | TIER 2 | QLC (1 tab/day) |
| TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>) 600-50-300 MG TAB | TIER 3 | QLC (1 tab/day) |
| TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine</i>) 60-5-30 MG TAB SOL | TIER 3 | QLC (6 tabs/day) |
| VIREAD (<i>tenofovir disoproxil fumarate</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB | TIER 2 | QLC (1 tab/day) |
| VIREAD (<i>tenofovir disoproxil fumarate</i>) 40 MG/GM POWDER | TIER 2 | QLC (3 bottles/month) |
| <i>zidovudine cap 100 mg</i> | TIER 1 | QLC (5 caps/day) |
| <i>zidovudine syrup 10 mg/ml</i> | TIER 1 | QLC (60 ml/day) |
| <i>zidovudine tab 300 mg</i> | TIER 1 | QLC (2 tabs/day) |

ANTI-HIV AGENTS, OTHER

| | | |
|--|--------|-----------------------|
| FUZEON (<i>enfuvirtide</i>) 90 MG RECON SOLN | TIER 4 | SP, QLC (1 kit/month) |
| <i>maraviroc tab 150 mg</i> | TIER 2 | QLC (2 tabs/day) |
| <i>maraviroc tab 300 mg</i> | TIER 2 | QLC (4 tabs/day) |
| SELZENTRY (<i>maraviroc</i>) 20 MG/ML SOLUTION | TIER 2 | QLC (60 ml/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| SELZENTRY (<i>maraviroc</i>) 25 MG TAB | TIER 2 | QLC (8 tabs/day) |
| SELZENTRY (<i>maraviroc</i>) 75 MG TAB | TIER 2 | QLC (2 tabs/day) |

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

| | | |
|---|--------|-------------------|
| APTIVUS (<i>tipranavir</i>) 100 MG/ML SOLUTION | TIER 2 | QLC (10 ml/day) |
| APTIVUS (<i>tipranavir</i>) 250 MG CAP | TIER 2 | QLC (4 caps/day) |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i> | TIER 2 | QLC (2 caps/day) |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i> | TIER 2 | QLC (2 caps/day) |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i> | TIER 2 | QLC (1 cap/day) |
| CRIXIVAN (<i>indinavir sulfate</i>) 200 MG CAP | TIER 2 | QLC (9 caps/day) |
| CRIXIVAN (<i>indinavir sulfate</i>) 400 MG CAP | TIER 2 | QLC (6 caps/day) |
| <i>darunavir tab 600 mg</i> | TIER 2 | QLC (2 tabs/day) |
| <i>darunavir tab 800 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> | TIER 2 | QLC (4 tabs/day) |
| INVIRASE (<i>saquinavir mesylate</i>) 500 MG TAB | TIER 2 | QLC (4 tabs/day) |
| LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION | TIER 2 | QLC (56 ml/day) |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | TIER 2 | QLC (10 ml/day) |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | TIER 2 | QLC (4 tabs/day) |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | TIER 2 | QLC (4 tabs/day) |
| NORVIR (<i>ritonavir</i>) 100 MG CAP | TIER 2 | QLC (12 caps/day) |
| NORVIR (<i>ritonavir</i>) 80 MG/ML SOLUTION | TIER 2 | QLC (15 ml/day) |
| PREZCOBIX (<i>darunavir-cobicistat</i>) 800-150 MG TAB | TIER 2 | QLC (1 tab/day) |
| PREZISTA (<i>darunavir ethanolate</i>) 100 MG/ML SUSPENSION | TIER 2 | QLC (12 ml/day) |
| PREZISTA (<i>darunavir ethanolate</i>) 150 MG TAB | TIER 2 | QLC (4 tabs/day) |
| PREZISTA (<i>darunavir ethanolate</i>) 75 MG TAB | TIER 2 | QLC (2 tabs/day) |
| REYATAZ (<i>atazanavir sulfate</i>) 50 MG PACKET | TIER 2 | QLC (5 packs/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>ritonavir tab 100 mg</i> | TIER 2 | QLC (12 tabs/day) |
| VIRACEPT (<i>nelfinavir mesylate</i>) 250 MG TAB | TIER 2 | QLC (9 tabs/day) |
| VIRACEPT (<i>nelfinavir mesylate</i>) 625 MG TAB | TIER 2 | QLC (4 tabs/day) |

ANTI-INFLUENZA AGENTS (Drugs for Flu)

| | | |
|---|--------|---|
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i> | TIER 2 | QLC (40 caps/6 months) |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i> | TIER 2 | QLC (20 caps/6 months) |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i> | TIER 2 | QLC (20 caps/6 months) |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | TIER 2 | QLC (6 bottles/6 months) |
| RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/ACT AER POW BA | TIER 2 | QLC (2 inhalers/6 months) |
| RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB | TIER 1 | |
| XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK | TIER 3 | QLC (1 tab/day; max 2 tabs/180 days) |
| XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 20 TAB THPK | TIER 3 | QLC (2 tabs/day, max 2 courses (4 tabs)/180 days) |
| XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK | TIER 3 | QLC (1 tab/day; max 2 tabs/180 days) |
| XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 40 TAB THPK | TIER 3 | QLC (2 tabs/day, max 2 courses (4 tabs)/180 days) |

ANTIHERPETIC AGENTS (Drugs for Herpes Infection)

| | | |
|------------------------------------|--------|--|
| <i>acyclovir cap 200 mg</i> | TIER 1 | |
| <i>acyclovir susp 200 mg/5ml</i> | TIER 1 | |
| <i>acyclovir tab 400 mg</i> | TIER 1 | |
| <i>acyclovir tab 800 mg</i> | TIER 1 | |
| <i>famciclovir tab 125 mg</i> | TIER 1 | |
| <i>famciclovir tab 250 mg</i> | TIER 1 | |
| <i>famciclovir tab 500 mg</i> | TIER 1 | |
| <i>valacyclovir hcl tab 1 gm</i> | TIER 1 | |
| <i>valacyclovir hcl tab 500 mg</i> | TIER 1 | |

AL1 - Age Limit; CW - Cost Waived; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANTIVIRAL, CORONAVIRUS AGENTS

| | | |
|---|--------|--|
| PAXLOVID (150/100) (<i>nirmatrelvir-ritonavir</i>) MG & 0MG TAB THPK | TIER 2 | AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at \$0), CW |
| PAXLOVID (300/100) (<i>nirmatrelvir-ritonavir</i>) 20 150 MG & 0MG TAB THPK | TIER 2 | AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at \$0), CW |

ANXIOLYTICS (Drugs for Anxiety)

ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

| | | |
|--------------------------------|--------|--|
| <i>bupirone hcl tab 10 mg</i> | TIER 1 | |
| <i>bupirone hcl tab 15 mg</i> | TIER 1 | |
| <i>bupirone hcl tab 30 mg</i> | TIER 1 | |
| <i>bupirone hcl tab 5 mg</i> | TIER 1 | |
| <i>bupirone hcl tab 7.5 mg</i> | TIER 1 | |

BENZODIAZEPINES

| | | |
|--|--------|------------------------|
| ALPRAZOLAM INTENSOL 1 MG/ML CONC | TIER 1 | QLC (4 ml/day) |
| <i>alprazolam tab 0.25 mg</i> | TIER 1 | QLC (4 tabs/day) |
| <i>alprazolam tab 0.5 mg</i> | TIER 1 | QLC (4 tabs/day) |
| <i>alprazolam tab 1 mg</i> | TIER 1 | QLC (4 tabs/day) |
| <i>alprazolam tab 2 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>chlordiazepoxide hcl cap 10 mg</i> | TIER 1 | QLC (30 caps/day) |
| <i>chlordiazepoxide hcl cap 25 mg</i> | TIER 1 | QLC (12 caps/day) |
| <i>chlordiazepoxide hcl cap 5 mg</i> | TIER 1 | QLC (60 caps/day) |
| <i>clonazepam tab 0.5 mg</i> | TIER 1 | QLC (40 tabs/day) |
| <i>clonazepam tab 1 mg</i> | TIER 1 | QLC (20 tabs/day) |
| <i>clonazepam tab 2 mg</i> | TIER 1 | QLC (10 tabs/day) |
| <i>clorazepate dipotassium tab 15 mg</i> | TIER 1 | QLC (6 tabs/day) |
| <i>clorazepate dipotassium tab 3.75 mg</i> | TIER 1 | QLC (24 tabs/day) |
| <i>clorazepate dipotassium tab 7.5 mg</i> | TIER 1 | QLC (12 tabs/day) |
| <i>diazepam conc 5 mg/ml</i> | TIER 1 | QLC (12 bottles/month) |
| <i>diazepam conc 5 mg/ml</i> (DIAZEPAM INTENSOL) | TIER 1 | QLC (12 bottles/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>diazepam oral soln 1 mg/ml</i> | TIER 1 | QLC (60 ml/day) |
| <i>diazepam tab 10 mg</i> | TIER 1 | QLC (6 tabs/day) |
| <i>diazepam tab 2 mg</i> | TIER 1 | QLC (30 tabs/day) |
| <i>diazepam tab 5 mg</i> | TIER 1 | QLC (12 tabs/day) |
| <i>lorazepam conc 2 mg/ml</i> | TIER 1 | QLC (150 ml/month) |
| lorazepam conc 2 mg/ml (Lorazepam Intensol) | TIER 1 | QLC (150 ml/month) |
| <i>lorazepam tab 0.5 mg</i> | TIER 1 | QLC (20 tabs/day) |
| <i>lorazepam tab 1 mg</i> | TIER 1 | QLC (10 tabs/day) |
| <i>lorazepam tab 2 mg</i> | TIER 1 | QLC (5 tabs/day) |
| <i>oxazepam cap 10 mg</i> | TIER 2 | QLC (12 caps/day) |
| <i>oxazepam cap 15 mg</i> | TIER 2 | QLC (8 caps/day) |
| <i>oxazepam cap 30 mg</i> | TIER 2 | QLC (4 caps/day) |

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

| | |
|---|--------|
| LITHIUM CARBONATE 150 MG CAP, 300 MG CAP, 600 MG CAP | TIER 1 |
| <i>lithium carbonate cap 150 mg</i> | TIER 1 |
| <i>lithium carbonate cap 300 mg</i> | TIER 1 |
| <i>lithium carbonate cap 600 mg</i> | TIER 1 |
| <i>lithium carbonate tab 300 mg</i> | TIER 1 |
| <i>lithium carbonate tab er 300 mg</i> (LITHIUM CARBONATE ER) | TIER 1 |
| <i>lithium carbonate tab er 450 mg</i> (LITHIUM CARBONATE ER) | TIER 1 |
| <i>lithium oral solution 8 meq/5ml</i> | TIER 1 |

BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

| | |
|----------------------------|--------|
| <i>acarbose tab 100 mg</i> | TIER 1 |
| <i>acarbose tab 25 mg</i> | TIER 1 |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>acarbose tab 50 mg</i> | TIER 1 | |
| <i>glimepiride tab 1 mg</i> | TIER 1 | |
| <i>glimepiride tab 2 mg</i> | TIER 1 | |
| <i>glimepiride tab 4 mg</i> | TIER 1 | |
| GLIPIZIDE 2.5 MG TAB | TIER 1 | QLC (1 tab/day) |
| <i>glipizide tab 10 mg</i> | TIER 1 | |
| <i>glipizide tab 5 mg</i> | TIER 1 | |
| <i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE ER) | TIER 1 | |
| <i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE XL) | TIER 1 | |
| <i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE ER) | TIER 1 | |
| <i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE XL) | TIER 1 | |
| <i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE ER) | TIER 1 | |
| <i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE XL) | TIER 1 | |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | TIER 1 | |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | TIER 1 | |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | TIER 1 | |
| GLYBURIDE MICRONIZED 1.5 MG TAB, 3 MG TAB, 6 MG TAB | TIER 1 | |
| <i>glyburide tab 1.25 mg</i> | TIER 1 | |
| <i>glyburide tab 2.5 mg</i> | TIER 1 | |
| <i>glyburide tab 5 mg</i> | TIER 1 | |
| <i>glyburide-metformin tab 1.25-250 mg</i> | TIER 1 | |
| <i>glyburide-metformin tab 2.5-500 mg</i> | TIER 1 | |
| <i>glyburide-metformin tab 5-500 mg</i> | TIER 1 | |
| GLYXAMBI (<i>empagliflozin-linagliptin</i>) 10-5 MG TAB, 25-5 MG TAB | TIER 2 | ST, QLC (1 tab/day) |
| JANUMET (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB, 50-500 MG TAB | TIER 2 | ST, QLC (2 tabs/day) |
| JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB ER 24H | TIER 2 | ST, QLC (2 tabs/day) |
| JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H | TIER 2 | ST, QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| JANUVIA (<i>sitagliptin phosphate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB | TIER 2 | ST, QLC (1 tab/day) |
| <i>metformin hcl tab 1000 mg</i> | TIER 1 | |
| <i>metformin hcl tab 500 mg</i> | TIER 1 | |
| <i>metformin hcl tab 850 mg</i> | TIER 1 | |
| <i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER) | TIER 1 | |
| <i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER) | TIER 1 | |
| MOUNJARO (<i>tirzepatide</i>) 2.5 MG/0.5ML SOLN PEN, 5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN | TIER 2 | PA, QLC (4 pens (2 ml)/28 days) |
| <i>nateglinide tab 120 mg</i> | TIER 1 | |
| <i>nateglinide tab 60 mg</i> | TIER 1 | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/1.5ML SOLN PEN) | TIER 2 | PA, QLC (1 pen/28 days) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/3ML SOLN PEN) | TIER 2 | PA, QLC (3 ml/28 days) |
| OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 2 MG/1.5ML SOLN PEN | TIER 2 | PA, QLC (2 pens/28 days) |
| OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 4 MG/3ML SOLN PEN | TIER 2 | PA, QLC (3 ml/ 28 days) |
| OZEMPIC (2 MG/DOSE) (<i>semaglutide</i>) 8 MG/3ML SOLN PEN | TIER 2 | PA, QLC (1 pen (3ml)/28 days) |
| <i>pioglitazone hcl tab 15 mg (base equiv)</i> | TIER 1 | |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i> | TIER 1 | |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i> | TIER 1 | |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | TIER 1 | QLC (3 tabs/day) |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | TIER 1 | QLC (3 tabs/day) |
| <i>repaglinide tab 0.5 mg</i> | TIER 1 | |
| <i>repaglinide tab 1 mg</i> | TIER 1 | |
| <i>repaglinide tab 2 mg</i> | TIER 1 | |
| RYBELSUS (<i>semaglutide</i>) 3 MG TAB, 7 MG TAB, 14 MG TAB | TIER 2 | PA, QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|---|
| SYNJARDY (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB | TIER 2 | ST, QLC (2 tabs/day) |
| SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 25-1000 MG TAB ER 24H | TIER 2 | ST, QLC (1 tab/day) |
| SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H | TIER 2 | ST, QLC (2 tabs/day) |
| TRIJARDY XR (<i>empagliflozin-linagliptin- metformin</i>) 10-5-1000 MG TAB ER 24H, 25- 5-1000 MG TAB ER 24H | TIER 2 | QLC (1 tab/day) |
| TRIJARDY XR (<i>empagliflozin-linagliptin- metformin</i>) 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H | TIER 2 | QLC (2 tabs/day) |
| TRULICITY (<i>dulaglutide</i>) 0.75 MG/0.5ML SOLN PEN | TIER 2 | PA, QLC (4 pens (2 ml)/ 28 days) |
| TRULICITY (<i>dulaglutide</i>) 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN | TIER 2 | PA, QLC (4 pens (2 ml)/28 days) |
| VICTOZA (<i>liraglutide</i>) 18 MG/3ML SOLN PEN | TIER 2 | PA, QLC (2 pens/month (2 pack size); 3 pens/month (3 pack size)) |
| XIGDUO XR (<i>dapagliflozin propanediol- metformin hcl</i>) 10-1000 MG TAB ER 24H | TIER 2 | ST, QLC (1 tab/day) |
| XIGDUO XR (<i>dapagliflozin propanediol- metformin hcl</i>) 5-1000 MG TAB ER 24H | TIER 2 | ST, QLC (2 tabs/day) |
| XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H | TIER 2 | ST, QLC (2 tabs/day) |
| XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H | TIER 2 | ST, QLC (1 tab/day) |

GLYCEMIC AGENTS (Drugs for Low Blood Sugar)

| | | |
|--|--------|--------------------------|
| BAQSIMI ONE PACK (<i>glucagon</i>) 3 MG/DOSE POWDER | TIER 3 | QLC (2 sprayers/30 days) |
| BAQSIMI TWO PACK (<i>glucagon</i>) 3 MG/DOSE POWDER | TIER 3 | QLC (2 sprayers/30 days) |
| GLUCAGEN HYPOKIT (<i>glucagon hcl (rdna)</i>) 1 MG RECON SOLN | TIER 2 | QLC (2 injections/fill) |
| GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>) 1 MG KIT | TIER 2 | QLC (2 kits/fill) |
| GLUCAGON EMERGENCY (<i>glucagon hcl</i>) 1 MG/ML RECON SOLN | TIER 2 | QLC (2 kits/fill) |

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| INSULINS | | |
| BASAGLAR KWIKPEN (<i>insulin glargine</i>) KWIK100 UNIT/ML SOLN | TIER 2 | QLC (45 ml (15 pens)/ month) |
| FIASP (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLUTION | TIER 2 | |
| FIASP FLEXTOUCH (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN PEN | TIER 2 | |
| FIASP PENFILL (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN CART | TIER 2 | |
| FIASP PUMPCART (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN | TIER 2 | |
| HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) HMLIN - (CONCENTATED) NIT/ML SOLTION | TIER 2 | |
| HUMULIN R U-500 KWIKPEN (<i>insulin regular (human)</i>) HMLIN -KWIKNIT/ML SOLN | TIER 2 | |
| LEVEMIR (<i>insulin detemir</i>) 100 UNIT/ML SOLUTION | TIER 2 | QLC (40 ml/month) |
| LEVEMIR FLEXPEN (<i>insulin detemir</i>) FLEX100 UNIT/ML SOLN | TIER 2 | QLC (45 ml/month) |
| LEVEMIR FLEXTOUCH (<i>insulin detemir</i>) 100 UNIT/ML SOLN PEN | TIER 2 | QLC (45 ml/month) |
| NOVOLIN 70/30 (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION | TIER 2 | |
| NOVOLIN 70/30 FLEXPEN (<i>insulin nph isophane & reg (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP | TIER 2 | |
| NOVOLIN N (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO | TIER 2 | |
| NOVOLIN N FLEXPEN (<i>insulin nph (human) (isophane)</i>) FLEX100 UIT/ML SUSP | TIER 2 | |
| NOVOLIN R (<i>insulin regular (human)</i>) 100 UNIT/ML SOLUTION | TIER 2 | |
| NOVOLIN R FLEXPEN (<i>insulin regular (human)</i>) FLEX100 UNIT/ML SOLN | TIER 2 | |
| NOVOLOG (<i>insulin aspart</i>) 100 UNIT/ML SOLUTION | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| NOVOLOG FLEXPEN (<i>insulin aspart</i>) FLEX100 UNIT/ML SOLN | TIER 2 | |
| NOVOLOG MIX 70/30 (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION | TIER 2 | |
| NOVOLOG MIX 70/30 FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP | TIER 2 | |
| NOVOLOG PENFILL (<i>insulin aspart</i>) 100 UNIT/ML SOLN CART | TIER 2 | |
| TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN | TIER 2 | QLC (6 pens/month) |
| TOUJEO SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN | TIER 2 | QLC (12 pens/month) |
| TRESIBA (<i>insulin degludec</i>) 100 UNIT/ML SOLUTION | TIER 2 | QLC (3 vials/30 days) |
| TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 100 UNIT/ML SOLN PEN | TIER 2 | QLC (10 pens/month) |
| TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 200 UNIT/ML SOLN PEN | TIER 2 | QLC (9 pens/month) |

BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)

ANTICOAGULANTS (Blood Thinners)

| | | |
|---|--------|---|
| ELIQUIS (<i>apixaban</i>) 2.5 MG TAB, 5 MG TAB | TIER 2 | QLC (2 tabs/day) |
| ELIQUIS DVT/PE STARTER PACK (<i>apixaban</i>) 5 MG TAB THPK | TIER 2 | QLC (2 tabs/day; 1 starter pack/6 months) |
| <i>enoxaparin sodium inj 300 mg/3ml</i> | TIER 4 | QLC (2 ml/day) |
| <i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> | TIER 4 | QLC (2 syringes/day) |
| <i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> | TIER 4 | QLC (2 syringes/day) |
| <i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> | TIER 4 | QLC (2 syringes/day) |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> | TIER 4 | QLC (2 syringes/day) |
| <i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> | TIER 4 | QLC (2 syringes/day) |
| <i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> | TIER 4 | QLC (2 syringes/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> | TIER 4 | QLC (2 syringes/day) |
| HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR | TIER 1 | |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i> | TIER 1 | |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i> | TIER 1 | |
| <i>heparin sodium (porcine) inj 20000 unit/ml</i> | TIER 1 | |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i> | TIER 1 | |
| HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION | TIER 1 | |
| <i>heparin sodium (porcine) pf inj 1000 unit/ml</i> | TIER 1 | |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> | TIER 1 | |
| <i>warfarin sodium tab 1 mg</i> | TIER 1 | |
| warfarin sodium tab 1 mg (Jantoven) | TIER 1 | |
| <i>warfarin sodium tab 10 mg</i> | TIER 1 | |
| warfarin sodium tab 10 mg (Jantoven) | TIER 1 | |
| <i>warfarin sodium tab 2 mg</i> | TIER 1 | |
| warfarin sodium tab 2 mg (Jantoven) | TIER 1 | |
| <i>warfarin sodium tab 2.5 mg</i> | TIER 1 | |
| warfarin sodium tab 2.5 mg (Jantoven) | TIER 1 | |
| <i>warfarin sodium tab 3 mg</i> | TIER 1 | |
| warfarin sodium tab 3 mg (Jantoven) | TIER 1 | |
| <i>warfarin sodium tab 4 mg</i> | TIER 1 | |
| warfarin sodium tab 4 mg (Jantoven) | TIER 1 | |
| <i>warfarin sodium tab 5 mg</i> | TIER 1 | |
| warfarin sodium tab 5 mg (Jantoven) | TIER 1 | |
| <i>warfarin sodium tab 6 mg</i> | TIER 1 | |
| warfarin sodium tab 6 mg (Jantoven) | TIER 1 | |
| <i>warfarin sodium tab 7.5 mg</i> | TIER 1 | |
| warfarin sodium tab 7.5 mg (Jantoven) | TIER 1 | |
| XARELTO (<i>rivaroxaban</i>) 1 MG/ML RECON SUSP | TIER 2 | QLC (20 ml/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| XARELTO (<i>rivaroxaban</i>) 10 MG TAB, 15 MG TAB, 20 MG TAB | TIER 2 | QLC (1 tab/day) |
| XARELTO (<i>rivaroxaban</i>) 2.5 MG TAB | TIER 2 | QLC (2 tabs/day) |
| XARELTO STARTER PACK (<i>rivaroxaban</i>) 15 & 20 MG TAB THPK | TIER 2 | QLC (1 starter pack/6 months) |

BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)

| | | |
|---|--------|--------|
| <i>anagrelide hcl cap 0.5 mg</i> | TIER 2 | |
| <i>anagrelide hcl cap 1 mg</i> | TIER 2 | |
| NEULASTA (<i>pegfilgrastim</i>) 6 MG/0.6ML SOLN PRSYR | TIER 4 | PA, SP |
| RETACRIT (<i>epoetin alfa-epbx</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION | TIER 4 | PA, SP |
| ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR | TIER 4 | PA, SP |
| ZIEXTENZO (<i>pegfilgrastim-bmez</i>) 6 MG/0.6ML SOLN PRSYR | TIER 4 | PA, SP |

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

| | | |
|-----------------------------------|--------|-------------------------------------|
| <i>tranexamic acid tab 650 mg</i> | TIER 1 | QLC (6 tabs/day; max 30 tabs/month) |
|-----------------------------------|--------|-------------------------------------|

PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)

| | | |
|---|--------|-------------------------|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER) | TIER 2 | |
| BRILINTA (<i>ticagrelor</i>) 60 MG TAB, 90 MG TAB | TIER 2 | QLC (2 tabs/day) |
| CABLIVI (<i>caplacizumab-yhdp</i>) 11 MG KIT | TIER 4 | PA, SP, QLC (1 kit/day) |
| <i>cilostazol tab 100 mg</i> | TIER 1 | |
| <i>cilostazol tab 50 mg</i> | TIER 1 | |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> | TIER 1 | QLC (1 tab/day) |
| <i>dipyridamole tab 25 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>dipyridamole tab 50 mg</i> | TIER 1 | |
| <i>dipyridamole tab 75 mg</i> | TIER 1 | |
| <i>prasugrel hcl tab 10 mg (base equiv)</i> | TIER 1 | QLC (1 tab/day) |
| <i>prasugrel hcl tab 5 mg (base equiv)</i> | TIER 1 | QLC (1 tab/day) |

CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

| | | |
|--|--------|--|
| <i>clonidine hcl tab 0.1 mg</i> | TIER 1 | |
| <i>clonidine hcl tab 0.2 mg</i> | TIER 1 | |
| <i>clonidine hcl tab 0.3 mg</i> | TIER 1 | |
| <i>clonidine td patch weekly 0.1 mg/24hr</i> | TIER 2 | |
| <i>clonidine td patch weekly 0.2 mg/24hr</i> | TIER 2 | |
| <i>clonidine td patch weekly 0.3 mg/24hr</i> | TIER 2 | |
| <i>guanfacine hcl tab 1 mg</i> | TIER 1 | |
| <i>guanfacine hcl tab 2 mg</i> | TIER 1 | |
| METHYLDOPA 250 MG TAB, 500 MG TAB | TIER 1 | |
| <i>methyldopa tab 250 mg</i> | TIER 1 | |
| <i>methyldopa tab 500 mg</i> | TIER 1 | |
| <i>midodrine hcl tab 10 mg</i> | TIER 1 | |
| <i>midodrine hcl tab 2.5 mg</i> | TIER 1 | |
| <i>midodrine hcl tab 5 mg</i> | TIER 1 | |

ALPHA-ADRENERGIC BLOCKING AGENTS

| | | |
|---------------------------------------|--------|----|
| <i>doxazosin mesylate tab 1 mg</i> | TIER 1 | |
| <i>doxazosin mesylate tab 2 mg</i> | TIER 1 | |
| <i>doxazosin mesylate tab 4 mg</i> | TIER 1 | |
| <i>doxazosin mesylate tab 8 mg</i> | TIER 1 | |
| <i>phenoxybenzamine hcl cap 10 mg</i> | TIER 4 | PA |
| <i>prazosin hcl cap 1 mg</i> | TIER 1 | |
| <i>prazosin hcl cap 2 mg</i> | TIER 1 | |
| <i>prazosin hcl cap 5 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>terazosin hcl cap 1 mg (base equivalent)</i> | TIER 1 | |
| <i>terazosin hcl cap 10 mg (base equivalent)</i> | TIER 1 | |
| <i>terazosin hcl cap 2 mg (base equivalent)</i> | TIER 1 | |
| <i>terazosin hcl cap 5 mg (base equivalent)</i> | TIER 1 | |

ANGIOTENSIN II RECEPTOR ANTAGONISTS

| | | |
|--|--------|----------------------|
| <i>candesartan cilexetil tab 16 mg</i> | TIER 1 | ST, QLC (2 tabs/day) |
| <i>candesartan cilexetil tab 32 mg</i> | TIER 1 | ST, QLC (1 tab/day) |
| <i>candesartan cilexetil tab 4 mg</i> | TIER 1 | ST, QLC (8 tabs/day) |
| <i>candesartan cilexetil tab 8 mg</i> | TIER 1 | ST, QLC (4 tabs/day) |
| <i>irbesartan tab 150 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>irbesartan tab 300 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>irbesartan tab 75 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>losartan potassium tab 100 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>losartan potassium tab 25 mg</i> | TIER 1 | QLC (4 tabs/day) |
| <i>losartan potassium tab 50 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>olmesartan medoxomil tab 20 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>olmesartan medoxomil tab 40 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>olmesartan medoxomil tab 5 mg</i> | TIER 1 | QLC (3 tabs/day) |
| <i>telmisartan tab 20 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>telmisartan tab 40 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>telmisartan tab 80 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>valsartan tab 160 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>valsartan tab 320 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>valsartan tab 40 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>valsartan tab 80 mg</i> | TIER 1 | QLC (2 tabs/day) |

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

| | | |
|---------------------------------|--------|------------------|
| <i>benazepril hcl tab 10 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>benazepril hcl tab 20 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>benazepril hcl tab 40 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>benazepril hcl tab 5 mg</i> | TIER 1 | QLC (1 tab/day) |

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--------------------------------------|------------------|---|
| <i>captopril tab 100 mg</i> | TIER 1 | |
| <i>captopril tab 12.5 mg</i> | TIER 1 | |
| <i>captopril tab 25 mg</i> | TIER 1 | |
| <i>captopril tab 50 mg</i> | TIER 1 | |
| <i>enalapril maleate tab 10 mg</i> | TIER 1 | |
| <i>enalapril maleate tab 2.5 mg</i> | TIER 1 | |
| <i>enalapril maleate tab 20 mg</i> | TIER 1 | |
| <i>enalapril maleate tab 5 mg</i> | TIER 1 | |
| <i>fosinopril sodium tab 10 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>fosinopril sodium tab 20 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>fosinopril sodium tab 40 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>lisinopril tab 10 mg</i> | TIER 1 | |
| <i>lisinopril tab 2.5 mg</i> | TIER 1 | |
| <i>lisinopril tab 20 mg</i> | TIER 1 | |
| <i>lisinopril tab 30 mg</i> | TIER 1 | |
| <i>lisinopril tab 40 mg</i> | TIER 1 | |
| <i>lisinopril tab 5 mg</i> | TIER 1 | |
| PERINDOPRIL ERBUMINE 2 MG TAB | TIER 1 | QLC (1 tab/day) |
| PERINDOPRIL ERBUMINE 8 MG TAB | TIER 1 | QLC (2 tabs/day) |
| <i>perindopril erbumine tab 2 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>perindopril erbumine tab 4 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>perindopril erbumine tab 8 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>quinapril hcl tab 10 mg</i> | TIER 1 | |
| <i>quinapril hcl tab 20 mg</i> | TIER 1 | |
| <i>quinapril hcl tab 40 mg</i> | TIER 1 | |
| <i>quinapril hcl tab 5 mg</i> | TIER 1 | |
| <i>ramipril cap 1.25 mg</i> | TIER 1 | |
| <i>ramipril cap 10 mg</i> | TIER 1 | |
| <i>ramipril cap 2.5 mg</i> | TIER 1 | |
| <i>ramipril cap 5 mg</i> | TIER 1 | |
| <i>trandolapril tab 1 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------------|-----------|----------------------------------|
| <i>trandolapril tab 2 mg</i> | TIER 1 | |
| <i>trandolapril tab 4 mg</i> | TIER 1 | |

ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

| | | |
|---|--------|------------------|
| <i>amiodarone hcl tab 100 mg</i> | TIER 1 | |
| <i>amiodarone hcl tab 200 mg</i> | TIER 1 | |
| amiodarone hcl tab 200 mg (Pacerone) | TIER 1 | |
| <i>amiodarone hcl tab 400 mg</i> | TIER 1 | |
| DIGOXIN 0.05 MG/ML SOLUTION | TIER 1 | QLC (5 ml/day) |
| <i>digoxin oral soln 0.05 mg/ml</i> | TIER 1 | QLC (5 ml/day) |
| <i>digoxin tab 125 mcg (0.125 mg) (0.</i> | TIER 1 | QLC (1 tab/day) |
| digoxin tab 125 mcg (0.125 mg) (Digitek) (0. | TIER 1 | QLC (1 tab/day) |
| <i>digoxin tab 250 mcg (0.25 mg)</i> | TIER 1 | QLC (1 tab/day) |
| digoxin tab 250 mcg (0.25 mg) (Digitek) | TIER 1 | QLC (1 tab/day) |
| <i>disopyramide phosphate cap 100 mg</i> | TIER 1 | |
| <i>disopyramide phosphate cap 150 mg</i> | TIER 1 | |
| <i>dofetilide cap 125 mcg (0.125 mg) (0.</i> | TIER 3 | |
| <i>dofetilide cap 250 mcg (0.25 mg)</i> | TIER 3 | |
| <i>dofetilide cap 500 mcg (0.5 mg)</i> | TIER 3 | |
| <i>flecainide acetate tab 100 mg</i> | TIER 1 | |
| <i>flecainide acetate tab 150 mg</i> | TIER 1 | |
| <i>flecainide acetate tab 50 mg</i> | TIER 1 | |
| <i>mexiletine hcl cap 150 mg</i> | TIER 1 | |
| <i>mexiletine hcl cap 200 mg</i> | TIER 1 | |
| <i>mexiletine hcl cap 250 mg</i> | TIER 1 | |
| MULTAQ (<i>dronedarone hcl</i>) 400 MG TAB | TIER 3 | QLC (2 tabs/day) |
| <i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER) | TIER 3 | |
| <i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER) | TIER 3 | |
| <i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER) | TIER 3 | |
| <i>propafenone hcl tab 150 mg</i> | TIER 1 | |

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>propafenone hcl tab 225 mg</i> | TIER 1 | |
| <i>propafenone hcl tab 300 mg</i> | TIER 1 | |
| QUINIDINE SULFATE 200 MG TAB, 300 MG TAB | TIER 1 | |
| <i>quinidine sulfate tab 200 mg</i> | TIER 1 | |
| <i>quinidine sulfate tab 300 mg</i> | TIER 1 | |
| sotalol hcl (afib/afl) tab 120 mg (Sotalol Hcl (af)) | TIER 1 | |
| sotalol hcl (afib/afl) tab 160 mg (Sotalol Hcl (af)) | TIER 1 | |
| sotalol hcl (afib/afl) tab 80 mg (Sotalol Hcl (af)) | TIER 1 | |
| <i>sotalol hcl tab 120 mg</i> | TIER 1 | |
| sotalol hcl tab 120 mg (Sorine) | TIER 1 | |
| <i>sotalol hcl tab 160 mg</i> | TIER 1 | |
| sotalol hcl tab 160 mg (Sorine) | TIER 1 | |
| <i>sotalol hcl tab 240 mg</i> | TIER 1 | |
| sotalol hcl tab 240 mg (Sorine) | TIER 1 | |
| <i>sotalol hcl tab 80 mg</i> | TIER 1 | |
| sotalol hcl tab 80 mg (Sorine) | TIER 1 | |

BETA-ADRENERGIC BLOCKING AGENTS

| | | |
|--------------------------------------|--------|--|
| <i>acebutolol hcl cap 200 mg</i> | TIER 1 | |
| <i>acebutolol hcl cap 400 mg</i> | TIER 1 | |
| <i>atenolol tab 100 mg</i> | TIER 1 | |
| <i>atenolol tab 25 mg</i> | TIER 1 | |
| <i>atenolol tab 50 mg</i> | TIER 1 | |
| <i>betaxolol hcl tab 10 mg</i> | TIER 2 | |
| <i>betaxolol hcl tab 20 mg</i> | TIER 2 | |
| <i>bisoprolol fumarate tab 10 mg</i> | TIER 1 | |
| <i>bisoprolol fumarate tab 5 mg</i> | TIER 1 | |
| <i>carvedilol tab 12.5 mg</i> | TIER 1 | |
| <i>carvedilol tab 25 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>carvedilol tab 3.125 mg</i> | TIER 1 | |
| <i>carvedilol tab 6.25 mg</i> | TIER 1 | |
| <i>labetalol hcl tab 100 mg</i> | TIER 1 | |
| <i>labetalol hcl tab 200 mg</i> | TIER 1 | |
| <i>labetalol hcl tab 300 mg</i> | TIER 1 | |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER) | TIER 1 | |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER) | TIER 1 | |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER) | TIER 1 | |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER) | TIER 1 | |
| <i>metoprolol tartrate tab 100 mg</i> | TIER 1 | |
| <i>metoprolol tartrate tab 25 mg</i> | TIER 1 | |
| <i>metoprolol tartrate tab 37.5 mg</i> | TIER 1 | |
| <i>metoprolol tartrate tab 50 mg</i> | TIER 1 | |
| <i>metoprolol tartrate tab 75 mg</i> | TIER 1 | |
| <i>nadolol tab 20 mg</i> | TIER 1 | |
| <i>nadolol tab 40 mg</i> | TIER 1 | |
| <i>nadolol tab 80 mg</i> | TIER 1 | |
| <i>nebivolol hcl tab 10 mg (base equivalent)</i> | TIER 2 | QLC (1 tab/day) |
| <i>nebivolol hcl tab 2.5 mg (base equivalent)</i> | TIER 2 | QLC (1 tab/day) |
| <i>nebivolol hcl tab 20 mg (base equivalent)</i> | TIER 2 | QLC (2 tabs/day) |
| <i>nebivolol hcl tab 5 mg (base equivalent)</i> | TIER 2 | QLC (1 tab/day) |
| PROPRANOLOL HCL 40 MG/5ML SOLUTION | TIER 1 | |
| <i>propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER)</i> | TIER 1 | |
| <i>propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER)</i> | TIER 1 | |
| <i>propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER)</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER) | TIER 1 | |
| <i>propranolol hcl oral soln 20 mg/5ml</i> | TIER 1 | |
| <i>propranolol hcl tab 10 mg</i> | TIER 1 | |
| <i>propranolol hcl tab 20 mg</i> | TIER 1 | |
| <i>propranolol hcl tab 40 mg</i> | TIER 1 | |
| <i>propranolol hcl tab 60 mg</i> | TIER 1 | |
| <i>propranolol hcl tab 80 mg</i> | TIER 1 | |

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

| | | |
|---|--------|--|
| <i>amlodipine besylate tab 10 mg (base equivalent)</i> | TIER 1 | |
| <i>amlodipine besylate tab 2.5 mg (base equivalent)</i> | TIER 1 | |
| <i>amlodipine besylate tab 5 mg (base equivalent)</i> | TIER 1 | |
| <i>felodipine tab er 24hr 10 mg</i> (FELODIPINE ER) | TIER 1 | |
| <i>felodipine tab er 24hr 2.5 mg</i> (FELODIPINE ER) | TIER 1 | |
| <i>felodipine tab er 24hr 5 mg</i> (FELODIPINE ER) | TIER 1 | |
| <i>nicardipine hcl cap 20 mg</i> | TIER 1 | |
| <i>nicardipine hcl cap 30 mg</i> | TIER 1 | |
| <i>nifedipine cap 10 mg</i> | TIER 1 | |
| <i>nifedipine cap 20 mg</i> | TIER 1 | |
| <i>nifedipine tab er 24hr 30 mg</i> (NIFEDIPINE ER) | TIER 1 | |
| <i>nifedipine tab er 24hr 60 mg</i> (NIFEDIPINE ER) | TIER 1 | |
| <i>nifedipine tab er 24hr 90 mg</i> (NIFEDIPINE ER) | TIER 1 | |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE) | TIER 1 | |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE) | TIER 1 | |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|-----------------------------|-----------|----------------------------------|
| <i>nimodipine cap 30 mg</i> | TIER 3 | |

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

| | | |
|---|--------|--|
| <i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER) | TIER 2 | |
| <i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER) | TIER 2 | |
| <i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER) | TIER 2 | |
| <i>diltiazem hcl cap er 24hr 120 mg</i> (Dilt-Xr) | TIER 1 | |
| <i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER) | TIER 1 | |
| <i>diltiazem hcl cap er 24hr 180 mg</i> (Dilt-Xr) | TIER 1 | |
| <i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER) | TIER 1 | |
| <i>diltiazem hcl cap er 24hr 240 mg</i> (Dilt-Xr) | TIER 1 | |
| <i>diltiazem hcl cap er 24hr 240 mg</i> (DILTIAZEM HCL ER) | TIER 1 | |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (Cartia Xt) | TIER 1 | |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (Cartia Xt) | TIER 1 | |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (Cartia Xt) | TIER 1 | |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (Cartia Xt) | TIER 1 | |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| <i>diltiazem hcl coated beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER BEADS) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt) | TIER 1 | |
| diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er) | TIER 1 | |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER BEADS) | TIER 1 | |
| diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt) | TIER 1 | |
| diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er) | TIER 1 | |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER BEADS) | TIER 1 | |
| diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt) | TIER 1 | |
| diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er) | TIER 1 | |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER BEADS) | TIER 1 | |
| diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt) | TIER 1 | |
| diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er) | TIER 1 | |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER BEADS) | TIER 1 | |
| diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt) | TIER 1 | |
| diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er) | TIER 1 | |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (DILTIAZEM HCL ER BEADS) | TIER 1 | |
| diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er) | TIER 1 | |
| <i>diltiazem hcl tab 120 mg</i> | TIER 1 | |
| <i>diltiazem hcl tab 30 mg</i> | TIER 1 | |
| <i>diltiazem hcl tab 60 mg</i> | TIER 1 | |
| <i>diltiazem hcl tab 90 mg</i> | TIER 1 | |
| <i>diltiazem hcl tab er 24hr 120 mg</i> (DILTIAZEM HCL ER) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>diltiazem hcl tab er 24hr 180 mg</i> (DILTIAZEM HCL ER) | TIER 1 | |
| diltiazem hcl tab er 24hr 180 mg (Matzim La) | TIER 1 | |
| <i>diltiazem hcl tab er 24hr 240 mg</i> (DILTIAZEM HCL ER) | TIER 1 | |
| diltiazem hcl tab er 24hr 240 mg (Matzim La) | TIER 1 | |
| <i>diltiazem hcl tab er 24hr 300 mg</i> (DILTIAZEM HCL ER) | TIER 1 | |
| diltiazem hcl tab er 24hr 300 mg (Matzim La) | TIER 1 | |
| <i>diltiazem hcl tab er 24hr 360 mg</i> (DILTIAZEM HCL ER) | TIER 1 | |
| diltiazem hcl tab er 24hr 360 mg (Matzim La) | TIER 1 | |
| <i>diltiazem hcl tab er 24hr 420 mg</i> (DILTIAZEM HCL ER) | TIER 1 | |
| diltiazem hcl tab er 24hr 420 mg (Matzim La) | TIER 1 | |
| <i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER) | TIER 1 | |
| <i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER) | TIER 1 | |
| <i>verapamil hcl cap er 24hr 240 mg</i> (VERAPAMIL HCL ER) | TIER 1 | |
| VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H | TIER 1 | |
| <i>verapamil hcl tab 120 mg</i> | TIER 1 | |
| <i>verapamil hcl tab 40 mg</i> | TIER 1 | |
| <i>verapamil hcl tab 80 mg</i> | TIER 1 | |
| <i>verapamil hcl tab er 120 mg</i> (VERAPAMIL HCL ER) | TIER 1 | |
| <i>verapamil hcl tab er 180 mg</i> (VERAPAMIL HCL ER) | TIER 1 | |
| <i>verapamil hcl tab er 240 mg</i> (VERAPAMIL HCL ER) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| CARDIOVASCULAR AGENTS, OTHER (Other Drugs for Heart and Circulation Conditions) | | |
| <i>acetazolamide tab 125 mg</i> | TIER 1 | |
| <i>acetazolamide tab 250 mg</i> | TIER 1 | |
| <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| AMILORIDE-HYDROCHLOROTHIAZIDE (<i>amiloride & hydrochlorothiazide</i>) -5-50 MG TAB | TIER 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | QLC (1 cap/day) |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | QLC (1 cap/day) |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | QLC (2 caps/day) |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (AMLODIPINE-OLMESARTAN) | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (AMLODIPINE-OLMESARTAN) | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (AMLODIPINE-OLMESARTAN) | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (AMLODIPINE-OLMESARTAN) | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ) | TIER 1 | QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ) | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ) | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ) | TIER 1 | QLC (1 tab/day) |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ) | TIER 1 | QLC (1 tab/day) |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE) | TIER 1 | |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE) | TIER 1 | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ) | TIER 2 | ST, QLC (2 tabs/day) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ) | TIER 2 | ST, QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ) | TIER 2 | ST, QLC (1 tab/day) |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE (<i>captopril & hydrochlorothiazide</i>) -25-15 MG TAB, -25-25 MG TAB, -50-15 MG TAB, -50-25 MG TAB | TIER 1 | |
| CORLANOR (<i>ivabradine hcl</i>) 5 MG/5ML SOLUTION | TIER 2 | QLC (20 ml/day) |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| ENTRESTO (<i>sacubitril-valsartan</i>) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB | TIER 2 | QLC (2 tabs/day) |
| ENTRESTO (<i>sacubitril-valsartan</i>) 6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK | TIER 2 | QLC (8 caps/day) |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ) | TIER 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ) | TIER 1 | |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>ivabradine hcl tab 5 mg (base equiv)</i> | TIER 2 | QLC (2 tabs/day) |
| <i>ivabradine hcl tab 7.5 mg (base equiv)</i> | TIER 2 | QLC (2 tabs/day) |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ) | TIER 1 | QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ) | TIER 1 | QLC (1 tab/day) |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ) | TIER 1 | QLC (2 tabs/day) |
| METHYLDOPA-HYDROCHLOROTHIAZIDE (<i>methyldopa & hydrochlorothiazide</i>) -250-15 MG TAB, -250-25 MG TAB | TIER 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ) | TIER 1 | QLC (1 tab/day) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ) | TIER 1 | QLC (1 tab/day) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ) | TIER 1 | QLC (1 tab/day) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ) | TIER 1 | ST, QLC (1 tab/day) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ) | TIER 1 | ST, QLC (1 tab/day) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ) | TIER 1 | ST, QLC (1 tab/day) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ) | TIER 1 | ST, QLC (1 tab/day) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ) | TIER 1 | ST, QLC (1 tab/day) |
| <i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| PROPRANOLOL-HCTZ (<i>propranolol & hydrochlorothiazide</i>) -40-25 MG TAB, -80-25 MG TAB | TIER 1 | |
| QUINAPRIL-HYDROCHLOROTHIAZIDE - 20-25 MG TAB | TIER 1 | |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> | TIER 1 | |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> | TIER 1 | |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i> | TIER 1 | |
| <i>ranolazine tab er 12hr 1000 mg</i> (RANOLAZINE ER) | TIER 1 | QLC (2 tabs/day) |
| <i>ranolazine tab er 12hr 500 mg</i> (RANOLAZINE ER) | TIER 1 | QLC (2 tabs/day) |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ) | TIER 1 | |
| TELMISARTAN-AMLODIPINE -40-10 MG TAB, -40-5 MG TAB, -80-10 MG TAB, -80-5 MG TAB | TIER 2 | ST, QLC (1 tab/day) |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | TIER 2 | ST, QLC (1 tab/day) |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | TIER 2 | ST, QLC (1 tab/day) |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | TIER 2 | ST, QLC (1 tab/day) |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | TIER 2 | ST, QLC (1 tab/day) |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ) | TIER 2 | ST, QLC (3 tabs/day) |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ) | TIER 2 | ST, QLC (2 tabs/day) |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ) | TIER 2 | ST, QLC (2 tabs/day) |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ) | TIER 1 | |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ) | TIER 1 | |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ) | TIER 1 | |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | TIER 1 | QLC (2 tabs/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | TIER 1 | QLC (2 tabs/day) |

DIURETICS, LOOP

| | | |
|--------------------------------------|--------|----------------------|
| <i>bumetanide tab 0.5 mg</i> | TIER 1 | |
| <i>bumetanide tab 1 mg</i> | TIER 1 | |
| <i>bumetanide tab 2 mg</i> | TIER 1 | |
| <i>ethacrynic acid tab 25 mg</i> | TIER 4 | PA, QLC (8 tabs/day) |
| FUROSEMIDE 8 MG/ML SOLUTION | TIER 1 | |
| <i>furosemide oral soln 10 mg/ml</i> | TIER 1 | |
| <i>furosemide tab 20 mg</i> | TIER 1 | |
| <i>furosemide tab 40 mg</i> | TIER 1 | |
| <i>furosemide tab 80 mg</i> | TIER 1 | |
| <i>torseamide tab 10 mg</i> | TIER 1 | |
| <i>torseamide tab 100 mg</i> | TIER 1 | |
| <i>torseamide tab 20 mg</i> | TIER 1 | |
| <i>torseamide tab 5 mg</i> | TIER 1 | |

DIURETICS, POTASSIUM-SPARING

| | | |
|-------------------------------|--------|--|
| <i>amiloride hcl tab 5 mg</i> | TIER 1 | |
| <i>eplerenone tab 25 mg</i> | TIER 2 | |
| <i>eplerenone tab 50 mg</i> | TIER 2 | |

DIURETICS, THIAZIDE

| | | |
|--|--------|--|
| <i>chlorthalidone tab 25 mg</i> | TIER 1 | |
| <i>chlorthalidone tab 50 mg</i> | TIER 1 | |
| <i>hydrochlorothiazide cap 12.5 mg</i> | TIER 1 | |
| <i>hydrochlorothiazide tab 12.5 mg</i> | TIER 1 | |
| <i>hydrochlorothiazide tab 25 mg</i> | TIER 1 | |
| <i>hydrochlorothiazide tab 50 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|-------------------------------|-----------|----------------------------------|
| <i>indapamide tab 1.25 mg</i> | TIER 1 | |
| <i>indapamide tab 2.5 mg</i> | TIER 1 | |
| <i>metolazone tab 10 mg</i> | TIER 1 | |
| <i>metolazone tab 2.5 mg</i> | TIER 1 | |
| <i>metolazone tab 5 mg</i> | TIER 1 | |

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)

| | | |
|--|--------|--------------------|
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> | TIER 1 | QLC (1 cap/day) |
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> | TIER 1 | QLC (1 cap/day) |
| <i>fenofibrate micronized cap 134 mg</i> | TIER 1 | QLC (1 cap/day) |
| <i>fenofibrate micronized cap 200 mg</i> | TIER 1 | QLC (1 cap/day) |
| <i>fenofibrate micronized cap 67 mg</i> | TIER 1 | QLC (1 cap/day) |
| <i>fenofibrate tab 145 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>fenofibrate tab 48 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>fenofibrate tab 54 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>gemfibrozil tab 600 mg</i> | TIER 1 | QLC (2.5 tabs/day) |

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol)

| | | |
|---|--------|--|
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i> | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i> | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i> | TIER 1 | QLC (1 tab/day) |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i> | TIER 1 | QLC (1 tab/day) |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i> | TIER 2 | QLC (1 cap/day) |
| <i>fluvastatin sodium cap 40 mg (base equivalent)</i> | TIER 2 | QLC (2 caps/day) |
| <i>lovastatin tab 10 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>lovastatin tab 20 mg</i> | TIER 1 | QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---------------------------------------|------------------|--|
| <i>lovastatin tab 40 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>pravastatin sodium tab 10 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>pravastatin sodium tab 20 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>pravastatin sodium tab 40 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>pravastatin sodium tab 80 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>rosuvastatin calcium tab 10 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>rosuvastatin calcium tab 20 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>rosuvastatin calcium tab 40 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>rosuvastatin calcium tab 5 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>simvastatin tab 10 mg</i> | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| <i>simvastatin tab 20 mg</i> | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| <i>simvastatin tab 40 mg</i> | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| <i>simvastatin tab 5 mg</i> | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| <i>simvastatin tab 80 mg</i> | TIER 1 | QLC (1 tab/day) |

DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)

| | | |
|--|--------|-----------------|
| <i>cholestyramine light powder 4 gm/dose</i> | TIER 1 | |
| cholestyramine light powder 4 gm/dose (Prevalite) | TIER 1 | |
| <i>cholestyramine light powder packets 4 gm</i> | TIER 1 | |
| cholestyramine light powder packets 4 gm (Prevalite) | TIER 1 | |
| <i>cholestyramine powder 4 gm/dose</i> | TIER 1 | |
| <i>cholestyramine powder packets 4 gm</i> | TIER 1 | |
| <i>colesevelam hcl packet for susp 3.75 gm</i> | TIER 2 | |
| <i>colesevelam hcl tab 625 mg</i> | TIER 2 | |
| <i>colestipol hcl granule packets 5 gm</i> | TIER 1 | |
| <i>colestipol hcl granules 5 gm</i> | TIER 1 | |
| <i>colestipol hcl tab 1 gm</i> | TIER 1 | |
| <i>ezetimibe tab 10 mg</i> | TIER 1 | QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>icosapent ethyl cap 0.5 gm</i> | TIER 3 | PA, QLC (2 caps/day) |
| <i>icosapent ethyl cap 1 gm</i> | TIER 3 | PA, QLC (4 caps/day) |
| NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB | TIER 1 | |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC)) | TIER 1 | QLC (2 tabs/day) |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC)) | TIER 1 | QLC (4 tabs/day) |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC)) | TIER 1 | QLC (2 tabs/day) |
| NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB | TIER 1 | |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | TIER 1 | QLC (4 caps/day) |
| PRALUENT (<i>alirocumab</i>) PRLUENT 75 MG/ML SOLN -INJ, PRLUENT 150 MG/ML SOLN -INJ | TIER 2 | PA, QLC (2 pens/month) |
| PRALUENT 150 MG/ML PEN (NDC 72733) | TIER 2 | PA, QLC (2 pens/month) |
| PRALUENT 75 MG/ML PEN (NDC 72733) | TIER 2 | PA, QLC (2 pens/month) |

MINERALOCORTICOID RECEPTOR ANTAGONISTS

| | | |
|----------------------------------|--------|--|
| <i>spironolactone tab 100 mg</i> | TIER 1 | |
| <i>spironolactone tab 25 mg</i> | TIER 1 | |
| <i>spironolactone tab 50 mg</i> | TIER 1 | |

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

| | | |
|--|--------|---------------------|
| FARXIGA (<i>dapagliflozin propanediol</i>) 5 MG TAB, 10 MG TAB | TIER 2 | ST, QLC (1 tab/day) |
| JARDIANCE (<i>empagliflozin</i>) 10 MG TAB, 25 MG TAB | TIER 2 | ST, QLC (1 tab/day) |

VASODILATORS, DIRECT-ACTING ARTERIAL

| | | |
|-----------------------------------|--------|--|
| <i>hydralazine hcl tab 10 mg</i> | TIER 1 | |
| <i>hydralazine hcl tab 100 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|----------------------------------|-----------|----------------------------------|
| <i>hydralazine hcl tab 25 mg</i> | TIER 1 | |
| <i>hydralazine hcl tab 50 mg</i> | TIER 1 | |
| <i>minoxidil tab 10 mg</i> | TIER 1 | |
| <i>minoxidil tab 2.5 mg</i> | TIER 1 | |

VASODILATORS, DIRECT-ACTING ARTERIAL/VEINUS

| | | |
|--|--------|--|
| <i>isosorbide dinitrate tab 10 mg</i> | TIER 1 | |
| <i>isosorbide dinitrate tab 20 mg</i> | TIER 1 | |
| <i>isosorbide dinitrate tab 30 mg</i> | TIER 1 | |
| <i>isosorbide dinitrate tab 40 mg</i> | TIER 1 | |
| <i>isosorbide dinitrate tab 5 mg</i> | TIER 1 | |
| <i>isosorbide mononitrate tab 10 mg</i> | TIER 1 | |
| <i>isosorbide mononitrate tab 20 mg</i> | TIER 1 | |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER) | TIER 1 | |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER) | TIER 1 | |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER) | TIER 1 | |
| NITRO-BID (<i>nitroglycerin</i>) -2 % OINTMENT | TIER 3 | |
| NITRO-TIME (<i>nitroglycerin</i>) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER | TIER 1 | |
| <i>nitroglycerin sl tab 0.3 mg</i> | TIER 1 | |
| <i>nitroglycerin sl tab 0.4 mg</i> | TIER 1 | |
| <i>nitroglycerin sl tab 0.6 mg</i> | TIER 1 | |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i> | TIER 1 | |
| nitroglycerin td patch 24hr 0.1 mg/hr (Minitran) | TIER 1 | |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i> | TIER 1 | |
| nitroglycerin td patch 24hr 0.2 mg/hr (Minitran) | TIER 1 | |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i> | TIER 1 | |
| nitroglycerin td patch 24hr 0.4 mg/hr (Minitran) | TIER 1 | |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i> | TIER 1 | |

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| nitroglycerin td patch 24hr 0.6 mg/hr (Minitran) | TIER 1 | |

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

| | | |
|---------------------------|--------|--|
| <i>riluzole tab 50 mg</i> | TIER 1 | |
|---------------------------|--------|--|

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

| | | |
|--|--------|---|
| ADDERALL XR (<i>amphetamine-dextroamphetamine</i>) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| <i>amphetamine-dextroamphetamine tab 10 mg -dextro</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| <i>amphetamine-dextroamphetamine tab 12.5 mg -dextro</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (5 tabs/day) |
| <i>amphetamine-dextroamphetamine tab 15 mg -dextro</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| <i>amphetamine-dextroamphetamine tab 20 mg -dextro</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| <i>amphetamine-dextroamphetamine tab 30 mg -dextro</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>amphetamine-dextroamphetamine tab 5 mg -dextro</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| <i>amphetamine-dextroamphetamine tab 7.5 mg -dextro</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER) | TIER 2 | ST, AL1 (Up to 17 yrs old), QLC (6 caps/day) |
| <i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER) | TIER 2 | ST, AL1 (Up to 17 yrs old), QLC (4 caps/day) |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER) | TIER 2 | ST, AL1 (Up to 17 yrs old), QLC (12 caps/day) |
| <i>dextroamphetamine sulfate tab 10 mg</i> | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| dextroamphetamine sulfate tab 10 mg (Zenedi) | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| <i>dextroamphetamine sulfate tab 15 mg</i> | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|--|
| dextroamphetamine sulfate tab 15 mg (Zenzedi) | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| <i>dextroamphetamine sulfate tab 2.5 mg</i> | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| dextroamphetamine sulfate tab 2.5 mg (Zenzedi) | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>dextroamphetamine sulfate tab 20 mg</i> | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| dextroamphetamine sulfate tab 20 mg (Zenzedi) | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| <i>dextroamphetamine sulfate tab 30 mg</i> | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| dextroamphetamine sulfate tab 30 mg (Zenzedi) | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>dextroamphetamine sulfate tab 5 mg</i> | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| dextroamphetamine sulfate tab 5 mg (Zenzedi) | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| <i>dextroamphetamine sulfate tab 7.5 mg</i> | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| dextroamphetamine sulfate tab 7.5 mg (Zenzedi) | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| DYANAVEL XR (<i>amphetamine</i>) 2.5 MG/ML SUSP | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (8 ml/day) |
| DYANAVEL XR (<i>amphetamine</i>) 5 MG, 10 MG, 15 MG, 20 MG | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| <i>lisdexamfetamine dimesylate cap 10 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>lisdexamfetamine dimesylate cap 20 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>lisdexamfetamine dimesylate cap 30 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>lisdexamfetamine dimesylate cap 40 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>lisdexamfetamine dimesylate cap 50 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>lisdexamfetamine dimesylate cap 60 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>lisdexamfetamine dimesylate cap 70 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|---|
| <i>lisdexamfetamine dimesylate chew tab 10 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| <i>lisdexamfetamine dimesylate chew tab 20 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| <i>lisdexamfetamine dimesylate chew tab 30 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| <i>lisdexamfetamine dimesylate chew tab 40 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| <i>lisdexamfetamine dimesylate chew tab 50 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| <i>lisdexamfetamine dimesylate chew tab 60 mg</i> | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| MYDAYIS (<i>amphetamine-dextroamphetamine</i>) 12.5 MG CAP ER 24H, 25 MG CAP ER 24H, 37.5 MG CAP ER 24H, 50 MG CAP ER 24H | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

| | | |
|--|--------|---|
| <i>atomoxetine hcl cap 10 mg (base equiv)</i> | TIER 2 | QLC (4 caps/day) |
| <i>atomoxetine hcl cap 100 mg (base equiv)</i> | TIER 2 | QLC (1 cap/day) |
| <i>atomoxetine hcl cap 18 mg (base equiv)</i> | TIER 2 | QLC (4 caps/day) |
| <i>atomoxetine hcl cap 25 mg (base equiv)</i> | TIER 2 | QLC (4 caps/day) |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i> | TIER 2 | QLC (2 caps/day) |
| <i>atomoxetine hcl cap 60 mg (base equiv)</i> | TIER 2 | QLC (1 cap/day) |
| <i>atomoxetine hcl cap 80 mg (base equiv)</i> | TIER 2 | QLC (1 cap/day) |
| CONCERTA (<i>methylphenidate hcl</i>) 18 MG TAB ER, 27 MG TAB ER, 54 MG TAB ER | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| CONCERTA (<i>methylphenidate hcl</i>) CONCTA 36 MG TAB | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>dexmethylphenidate hcl tab 10 mg</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>dexmethylphenidate hcl tab 2.5 mg</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>dexmethylphenidate hcl tab 5 mg</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (GUANFACINE HCL ER) | TIER 1 | QLC (1 tab/day) |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) 4hr | TIER 1 | QLC (1 tab/day) |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER) | TIER 1 | QLC (1 tab/day) |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr | TIER 1 | QLC (1 tab/day) |
| <i>methylphenidate hcl cap er 24hr 10 mg (la)</i> (METHYLPHENIDATE HCL ER (LA)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| <i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (METHYLPHENIDATE HCL ER (LA)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| <i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (METHYLPHENIDATE HCL ER (LA)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| <i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (METHYLPHENIDATE HCL ER (LA)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>methylphenidate hcl cap er 24hr 60 mg (la)</i> (METHYLPHENIDATE HCL ER (LA)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| <i>methylphenidate hcl chew tab 10 mg</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| <i>methylphenidate hcl chew tab 2.5 mg</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| <i>methylphenidate hcl chew tab 5 mg</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| METHYLPHENIDATE HCL ER 36 MG TAB 24H | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|--|
| METHYLPHENIDATE HCL ER ER 18 MG TAB ER 24H, ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| <i>methylphenidate hcl soln 10 mg/5ml</i> | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (30 ml/day) |
| <i>methylphenidate hcl soln 5 mg/5ml mg/ml</i> | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (60 ml/day) |
| <i>methylphenidate hcl tab 10 mg</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| <i>methylphenidate hcl tab 20 mg</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| <i>methylphenidate hcl tab 5 mg</i> | TIER 1 | AL1 (Up to 17 yrs old), QLC (12 tabs/day) |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER (OSM)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER (OSM)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER (OSM)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| QUILLICHEW ER (<i>methylphenidate hcl</i>) 30 MG CH | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| QUILLICHEW ER (<i>methylphenidate hcl</i>) ER 20 MG, ER 40 MG | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| QUILLIVANT XR (<i>methylphenidate hcl</i>) 25 MG/5ML SRER | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (12 ml/day) |

CENTRAL NERVOUS SYSTEM, OTHER

| | | |
|---|--------|---------------------------------------|
| ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG CA | TIER 1 | PA, QLC (1 cap/day) |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER) | TIER 2 | |
| BENZPHETAMINE HCL 25 MG TAB | TIER 1 | PA, QLC (3 tabs/day) |
| <i>benzphetamine hcl tab 50 mg</i> | TIER 1 | PA, QLC (3 tabs/day) |
| <i>butalbital-acetaminophen tab 50-325 mg</i> | TIER 1 | QLC (6 tabs/day; max 48 tabs/30 days) |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC) | TIER 1 | QLC (6 tabs/day; max 48 tabs/30 days) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|---------------------------------------|
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE) | TIER 1 | QLC (6 tabs/day; max 48 tabs/30 days) |
| DIETHYLPROPION HCL ER 75 MG TAB 24H | TIER 1 | PA, QLC (1 tab/day) |
| <i>diethylpropion hcl tab 25 mg</i> | TIER 1 | PA, QLC (3 tabs/day) |
| GRALISE (<i>gabapentin (once-daily)</i>) 300 MG TAB | TIER 3 | QLC (1 tab/day) |
| GRALISE (<i>gabapentin (once-daily)</i>) 450 MG TAB | TIER 3 | QLC (3 tabs/day) |
| GRALISE (<i>gabapentin (once-daily)</i>) 600 MG TAB | TIER 3 | QLC (3 tabs/day) |
| GRALISE (<i>gabapentin (once-daily)</i>) 750 MG TAB, 900 MG TAB | TIER 3 | QLC (2 tabs/day) |
| LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB | TIER 1 | PA, QLC (3 tabs/day) |
| <i>phendimetrazine tartrate tab 35 mg</i> | TIER 1 | PA, QLC (6 tabs/day) |
| <i>phentermine hcl cap 15 mg</i> | TIER 1 | PA, QLC (1 cap/day) |
| <i>phentermine hcl cap 30 mg</i> | TIER 1 | PA, QLC (1 cap/day) |
| <i>phentermine hcl cap 37.5 mg</i> | TIER 1 | PA, QLC (1 cap/day) |
| <i>phentermine hcl tab 37.5 mg</i> | TIER 1 | PA, QLC (1 tab/day) |
| QSYMIA (<i>phentermine hcl-topiramate</i>) 3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H | TIER 3 | PA, QLC (1 cap/day) |
| RUZURGI (<i>amifampridine</i>) 10 MG TAB | TIER 4 | PA, SP, QLC (10 tabs/day) |

FIBROMYALGIA AGENTS

| | | |
|--|--------|------------------|
| <i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> | TIER 1 | QLC (2 caps/day) |
| <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> | TIER 1 | QLC (3 caps/day) |
| <i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i> | TIER 1 | QLC (2 caps/day) |
| <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> | TIER 1 | QLC (2 caps/day) |
| <i>pregabalin cap 100 mg</i> | TIER 2 | QLC (3 caps/day) |
| <i>pregabalin cap 150 mg</i> | TIER 2 | QLC (3 caps/day) |
| <i>pregabalin cap 200 mg</i> | TIER 2 | QLC (3 caps/day) |
| <i>pregabalin cap 225 mg</i> | TIER 2 | QLC (2 caps/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---------------------------------|-----------|----------------------------------|
| <i>pregabalin cap 25 mg</i> | TIER 2 | QLC (3 caps/day) |
| <i>pregabalin cap 300 mg</i> | TIER 2 | QLC (2 caps/day) |
| <i>pregabalin cap 50 mg</i> | TIER 2 | QLC (3 caps/day) |
| <i>pregabalin cap 75 mg</i> | TIER 2 | QLC (3 caps/day) |
| <i>pregabalin soln 20 mg/ml</i> | TIER 2 | QLC (30 ml/day) |

MULTIPLE SCLEROSIS AGENTS

| | | |
|---|--------|------------------------------------|
| BETASERON (<i>interferon beta-1b</i>) 0.3 MG KIT | TIER 4 | SP, QLC (15 injections/month) |
| <i>dimethyl fumarate capsule delayed release 120 mg</i> | TIER 4 | SP, QLC (2 caps/day) |
| <i>dimethyl fumarate capsule delayed release 240 mg</i> | TIER 4 | SP, QLC (2 caps/day) |
| <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK) | TIER 4 | SP, QLC (2 tabs/day; 1 pack/month) |
| EXTAVIA (<i>interferon beta-1b</i>) 0.3 MG KIT | TIER 3 | SP, QLC (15 injections/month) |
| <i>fingolimod hcl cap 0.5 mg (base equiv)</i> | TIER 4 | SP, QLC (1 cap/day) |
| GILENYA (<i>fingolimod hcl</i>) 0.25 MG CAP | TIER 4 | SP, QLC (1 cap/day) |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> | TIER 4 | SP, QLC (1 syringe/day) |
| glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa) | TIER 4 | SP, QLC (1 syringe/day) |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> | TIER 4 | SP, QLC (12 syringes/month) |
| glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa) | TIER 4 | SP, QLC (12 syringes/month) |
| MAYZENT (<i>siponimod fumarate</i>) 0.25 MG TAB | TIER 4 | SP, QLC (4 tabs/day) |
| MAYZENT (<i>siponimod fumarate</i>) 1 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day) |
| MAYZENT (<i>siponimod fumarate</i>) 2 MG TAB | TIER 4 | SP, QLC (1 tab/day) |
| MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 0.25 MG TAB THPK | TIER 4 | PA, SP, QLC (7 tabs/28 days) |
| MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 12 X 0.25 MG TAB THPK | TIER 4 | SP, QLC (12 tabs/28 days) |
| REBIF (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR | TIER 4 | SP, QLC (12 injections/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| REBIF REBIDOSE (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN -INJ, 44 MCG/0.5ML SOLN -INJ | TIER 4 | SP, QLC (12 injections/month) |
| REBIF REBIDOSE TITRATION PACK (<i>interferon beta-1a</i>) TITRATION PCK 6X8.8 & 6X22 MCG SOLN -INJ | TIER 4 | SP, QLC (1 kit/month) |
| REBIF TITRATION PACK (<i>interferon beta-1a</i>) 6X8.8 & 6X22 MCG SOLN PRSYR | TIER 4 | SP, QLC (1 pack/month) |
| <i>teriflunomide tab 14 mg</i> | TIER 4 | PA, SP, QLC (1 tab/day) |
| <i>teriflunomide tab 7 mg</i> | TIER 4 | PA, SP, QLC (1 tab/day) |

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

| | | |
|---|--------|--|
| <i>cevimeline hcl cap 30 mg</i> | TIER 1 | |
| <i>pilocarpine hcl tab 5 mg</i> | TIER 1 | |
| <i>pilocarpine hcl tab 7.5 mg</i> | TIER 1 | |
| <i>triamcinolone acetonide dental paste 0.1%</i> | TIER 1 | |
| triamcinolone acetonide dental paste 0.1% (Kourzeq) | TIER 1 | |
| triamcinolone acetonide dental paste 0.1% (Oralone) | TIER 1 | |

DERMATOLOGICAL AGENTS (Drugs for the Skin)

ACNE AND ROSACEA AGENTS

| | | |
|---|--------|----------------------------|
| <i>acitretin cap 10 mg</i> | TIER 3 | |
| <i>acitretin cap 17.5 mg</i> | TIER 3 | |
| <i>acitretin cap 25 mg</i> | TIER 3 | |
| <i>adapalene cream 0.1%</i> | TIER 1 | AL1 (Up to 39 yrs old) |
| <i>adapalene gel 0.3%</i> | TIER 1 | AL1 (Up to 39 yrs old) |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> | TIER 3 | ST, AL1 (Up to 39 yrs old) |
| <i>azelaic acid gel 15%</i> | TIER 1 | QLC (1 tube/month) |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | TIER 1 | |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX) | TIER 1 | |
| <i>isotretinoin cap 10 mg</i> | TIER 1 | |
| isotretinoin cap 10 mg (Accutane) | TIER 1 | |
| isotretinoin cap 10 mg (Amnesteem) | TIER 1 | |
| isotretinoin cap 10 mg (Claravis) | TIER 1 | |
| isotretinoin cap 10 mg (Myorisan) | TIER 1 | |
| isotretinoin cap 10 mg (Zenatane) | TIER 1 | |
| <i>isotretinoin cap 20 mg</i> | TIER 1 | |
| isotretinoin cap 20 mg (Accutane) | TIER 1 | |
| isotretinoin cap 20 mg (Amnesteem) | TIER 1 | |
| isotretinoin cap 20 mg (Claravis) | TIER 1 | |
| isotretinoin cap 20 mg (Myorisan) | TIER 1 | |
| isotretinoin cap 20 mg (Zenatane) | TIER 1 | |
| <i>isotretinoin cap 30 mg</i> | TIER 1 | |
| isotretinoin cap 30 mg (Accutane) | TIER 1 | |
| isotretinoin cap 30 mg (Claravis) | TIER 1 | |
| isotretinoin cap 30 mg (Myorisan) | TIER 1 | |
| isotretinoin cap 30 mg (Zenatane) | TIER 1 | |
| <i>isotretinoin cap 40 mg</i> | TIER 1 | |
| isotretinoin cap 40 mg (Accutane) | TIER 1 | |
| isotretinoin cap 40 mg (Amnesteem) | TIER 1 | |
| isotretinoin cap 40 mg (Claravis) | TIER 1 | |
| isotretinoin cap 40 mg (Myorisan) | TIER 1 | |
| isotretinoin cap 40 mg (Zenatane) | TIER 1 | |
| <i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE)) | TIER 1 | |
| <i>tretinoin cream 0.025%</i> | TIER 1 | AL1 (Up to 39 yrs old) |
| <i>tretinoin cream 0.05%</i> | TIER 1 | AL1 (Up to 39 yrs old) |
| <i>tretinoin cream 0.1%</i> | TIER 1 | AL1 (Up to 39 yrs old) |
| <i>tretinoin gel 0.01%</i> | TIER 2 | AL1 (Up to 39 yrs old) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|-----------------------------|-----------|----------------------------------|
| <i>tretinoin gel 0.025%</i> | TIER 1 | AL1 (Up to 39 yrs old) |
| <i>tretinoin gel 0.05%</i> | TIER 2 | PA |

DERMATITIS AND PRURITUS AGENTS (Drugs for Skin Inflammation and Itch)

| | | |
|---|--------|--|
| <i>alclometasone dipropionate cream 0.05%</i> | TIER 1 | |
| <i>alclometasone dipropionate oint 0.05%</i> | TIER 1 | |
| ANUSOL-HC (<i>hydrocortisone (rectal)</i>) -2.5 % CREAM | TIER 1 | |
| BETAMETHASONE DIPROPIONATE AUG (<i>betamethasone dipropionate augmented</i>) 0.05 % GEL | TIER 1 | |
| <i>betamethasone dipropionate augmented cream 0.05%</i> | TIER 1 | |
| <i>betamethasone dipropionate augmented lotion 0.05%</i> | TIER 1 | |
| <i>betamethasone dipropionate augmented oint 0.05%</i> | TIER 1 | |
| <i>betamethasone dipropionate cream 0.05%</i> | TIER 1 | |
| <i>betamethasone dipropionate lotion 0.05%</i> | TIER 1 | |
| <i>betamethasone dipropionate oint 0.05%</i> | TIER 1 | |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i> | TIER 1 | |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | TIER 1 | |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i> | TIER 1 | |
| <i>clobetasol propionate cream 0.05%</i> | TIER 1 | |
| <i>clobetasol propionate emollient base cream 0.05%</i> | TIER 1 | |
| <i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE) | TIER 1 | |
| <i>clobetasol propionate gel 0.05%</i> | TIER 1 | |
| <i>clobetasol propionate oint 0.05%</i> | TIER 1 | |
| <i>clobetasol propionate shampoo 0.05%</i> | TIER 1 | |
| clobetasol propionate shampoo 0.05% (Clodan) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>clobetasol propionate soln 0.05%</i> | TIER 1 | |
| DERMA-SMOOTHIE/FS SCALP (<i>fluocinolone acetonide</i>) -0.01 % OIL | TIER 2 | |
| <i>desonide cream 0.05%</i> | TIER 1 | |
| <i>desonide oint 0.05%</i> | TIER 1 | |
| <i>desoximetasone cream 0.05%</i> | TIER 3 | ST |
| <i>desoximetasone cream 0.25%</i> | TIER 3 | ST |
| DIFLORASONE DIACETATE 0.05 % CREAM | TIER 3 | ST |
| EUCRISA (<i>crisaborole</i>) 2 % OINTMENT | TIER 2 | QLC (100 gm/month) |
| <i>fluocinolone acetonide cream 0.01%</i> | TIER 1 | |
| <i>fluocinolone acetonide cream 0.025%</i> | TIER 1 | |
| <i>fluocinolone acetonide oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY) | TIER 2 | |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP) | TIER 2 | |
| <i>fluocinolone acetonide oint 0.025%</i> | TIER 1 | |
| <i>fluocinolone acetonide soln 0.01%</i> | TIER 2 | |
| FLUOCINONIDE 0.05 % GEL | TIER 1 | |
| <i>fluocinonide cream 0.05%</i> | TIER 1 | |
| <i>fluocinonide emulsified base cream 0.05%</i> | TIER 1 | |
| <i>fluocinonide gel 0.05%</i> | TIER 1 | |
| <i>fluocinonide oint 0.05%</i> | TIER 1 | |
| <i>fluocinonide soln 0.05%</i> | TIER 1 | |
| <i>fluticasone propionate cream 0.05%</i> | TIER 1 | |
| <i>fluticasone propionate oint 0.005%</i> | TIER 1 | |
| <i>halobetasol propionate cream 0.05%</i> | TIER 1 | |
| <i>halobetasol propionate oint 0.05%</i> | TIER 1 | |
| HYDROCORTISONE (<i>hydrocortisone topical</i>) 2.5 % LOTION | TIER 1 | |
| <i>hydrocortisone acetate suppos 25 mg</i> | TIER 1 | |
| HYDROCORTISONE BUTYRATE 0.1 % CREAM | TIER 1 | ST |
| HYDROCORTISONE BUTYRATE 0.1 % SOLUTION | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>hydrocortisone butyrate cream 0.1%</i> | TIER 1 | ST |
| <i>hydrocortisone butyrate oint 0.1%</i> | TIER 1 | |
| <i>hydrocortisone butyrate soln 0.1%</i> | TIER 1 | |
| <i>hydrocortisone cream 2.5%</i> | TIER 1 | |
| hydrocortisone cream 2.5% (Ala-Cort) | TIER 1 | |
| <i>hydrocortisone lotion 2.5%</i> | TIER 1 | |
| <i>hydrocortisone oint 2.5%</i> | TIER 1 | |
| <i>hydrocortisone perianal cream 1%</i> (HYDROCORTISONE (PERIANAL)) | TIER 1 | |
| hydrocortisone perianal cream 1% (Procto-Pak) | TIER 1 | |
| <i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL)) | TIER 1 | |
| hydrocortisone perianal cream 2.5% (Procto-Med Hc) | TIER 1 | |
| hydrocortisone perianal cream 2.5% (Proctosol Hc) | TIER 1 | |
| hydrocortisone perianal cream 2.5% (Proctozone-Hc) | TIER 1 | |
| <i>hydrocortisone valerate cream 0.2%</i> | TIER 1 | |
| <i>hydrocortisone valerate oint 0.2%</i> | TIER 1 | |
| <i>mometasone furoate cream 0.1%</i> | TIER 1 | |
| <i>mometasone furoate oint 0.1%</i> | TIER 1 | |
| <i>mometasone furoate solution 0.1% (lotion)</i> | TIER 1 | |
| <i>pimecrolimus cream 1%</i> | TIER 1 | QLC (100 gm/month) |
| PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT | TIER 1 | |
| PSORCON (<i>diflorasone diacetate</i>) 0.05 % CREAM | TIER 3 | ST |
| <i>selenium sulfide lotion 2.5%</i> | TIER 1 | QLC (1 bottle/month) |
| <i>tacrolimus oint 0.03%</i> | TIER 1 | QLC (100 gm/month) |
| <i>tacrolimus oint 0.1%</i> | TIER 1 | AL1 (At least 16 yrs old), QLC (100 gm/month) |
| <i>triamcinolone acetonide cream 0.025%</i> | TIER 1 | |
| <i>triamcinolone acetonide cream 0.1%</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| triamcinolone acetonide cream 0.1% (Triderm) | TIER 1 | |
| <i>triamcinolone acetonide cream 0.5%</i> | TIER 1 | |
| triamcinolone acetonide cream 0.5% (Triderm) | TIER 1 | |
| <i>triamcinolone acetonide lotion 0.025%</i> | TIER 1 | |
| <i>triamcinolone acetonide lotion 0.1%</i> | TIER 1 | |
| <i>triamcinolone acetonide oint 0.025%</i> | TIER 1 | |
| <i>triamcinolone acetonide oint 0.1%</i> | TIER 1 | |
| <i>triamcinolone acetonide oint 0.5%</i> | TIER 1 | |

DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)

| | | |
|--|--------|---------------------|
| CALCIPOTRIENE 0.005 % SOLUTION | TIER 1 | |
| <i>calcipotriene cream 0.005%</i> | TIER 1 | |
| <i>calcipotriene oint 0.005%</i> | TIER 1 | |
| calcipotriene oint 0.005% (Calcitrene) | TIER 1 | |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | TIER 1 | |
| CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT | TIER 2 | QLC (800 gm/month) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE) | TIER 1 | |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE) | TIER 1 | |
| CLOTRIMAZOLE-BETAMETHASONE (<i>clotrimazole w/ betamethasone</i>) -1-0.05 % LOTION | TIER 1 | |
| ENSTILAR (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % FOAM | TIER 2 | QLC (420gm/30 days) |
| FLUOROURACIL (<i>fluorouracil (topical)</i>) 2 % SOLUTION | TIER 1 | |
| <i>fluorouracil cream 5%</i> | TIER 1 | |
| <i>fluorouracil soln 5%</i> | TIER 1 | |
| HYDROCORTISONE ACE-PRAMOXINE (<i>hydrocortisone acetate w/ pramoxine</i>) -1-1 % CREAM | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|--|
| <i>imiquimod cream 5%</i> | TIER 1 | QLC (24 packs/month, max of 48 packs/6 months) |
| METHOXSALEN RAPID 10 MG CAP | TIER 1 | |
| <i>methoxsalen rapid cap 10 mg</i> | TIER 1 | |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | TIER 1 | |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> | TIER 1 | |
| OTEZLA (<i>apremilast</i>) 20 MG TAB, 30 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day) |
| PODOFILOX 0.5 % SOLUTION | TIER 1 | |
| <i>podofilox soln 0.5%</i> | TIER 1 | |
| SALICYLIC ACID 6 % LOTION | TIER 1 | QLC (400 gm/month) |
| <i>salicylic acid film forming liquid 27.5%</i> | TIER 2 | |
| <i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER) | TIER 2 | |
| <i>silver sulfadiazine cream 1%</i> | TIER 1 | |
| silver sulfadiazine cream 1% (Ssd) | TIER 1 | |
| SODIUM SULFACETAMIDE-BAKUCHIOL (<i>sulfacetamide sodium in bakuchiol vehicle</i>) -10 % LIQUID | TIER 1 | |
| SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) - -% FOAM | TIER 1 | |
| <i>sulfacetamide sodium liquid 10%</i> | TIER 1 | |
| <i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH) | TIER 1 | |
| <i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE) | TIER 1 | |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM- SULFUR) | TIER 1 | |
| sulfacetamide sodium w/ sulfur cleanser 10- 5% (Avar Cleanser) | TIER 1 | |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (SULFACETAMIDE SODIUM- SULFUR) | TIER 1 | |
| <i>sulfacetamide sodium w/ sulfur cleanser 9- 4%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | ST, QLC (1 bottle/month) |
| <i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| <i>sulfacetamide sodium w/ sulfur cream 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5) | TIER 1 | |
| <i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| <i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | ST, QLC (1 bottle/month) |
| <i>sulfacetamide sodium w/ sulfur lotion 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| <i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | ST, QLC (1 bottle/month) |
| <i>sulfacetamide sodium w/ sulfur susp 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| <i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4) | TIER 1 | |
| <i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SOD-SULFUR WASH) | TIER 1 | |
| <i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| TACLONEX (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % OINTMENT, 0.005-0.064 % SUSPENSION | TIER 2 | QLC (400 gm/month) |

PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)

| | | |
|------------------------------|--------|---------------------|
| LINDANE 1% SHAMPOO | TIER 1 | |
| <i>malathion lotion 0.5%</i> | TIER 2 | |
| <i>permethrin cream 5%</i> | TIER 1 | |
| SPINOSAD 0.9 % SUSPENSION | TIER 1 | QLC (1 bottle/fill) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)

| | | |
|--|--------|--|
| <i>ciclopirox gel 0.77%</i> | TIER 1 | |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i> | TIER 1 | |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i> | TIER 1 | |
| <i>ciclopirox shampoo 1%</i> | TIER 1 | |
| <i>ciclopirox solution 8%</i> | TIER 1 | |
| ciclopirox solution 8% (Ciclodan) | TIER 1 | |
| <i>clindamycin phosphate gel 1%</i> | TIER 1 | |
| <i>clindamycin phosphate lotion 1%</i> | TIER 1 | |
| <i>clindamycin phosphate soln 1%</i> | TIER 1 | |
| <i>clindamycin phosphate swab 1%</i> | TIER 1 | |
| clindamycin phosphate swab 1% (Clindacin Etz) | TIER 1 | |
| clindamycin phosphate swab 1% (Clindacin-P) | TIER 1 | |
| ERY (<i>erythromycin (acne aid)</i>) 2 % PAD | TIER 1 | |
| <i>erythromycin gel 2%</i> | TIER 1 | |
| <i>erythromycin soln 2%</i> | TIER 1 | |
| MAFENIDE ACETATE 5 % PACKET | TIER 1 | |
| <i>mafenide acetate packet for topical soln 5% (50 gm)</i> | TIER 1 | |
| <i>mupirocin oint 2%</i> | TIER 1 | |

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

| | | |
|--|--------|-------------------------|
| <i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VIT/IRON/FLUORIDE) | TIER 1 | ACA (Preventive Health) |
| <i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VITAMIN/FLUORIDE/IRON) | TIER 1 | ACA (Preventive Health) |
| <i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTIVITAMIN/FLUORIDE/IRON) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|--|
| <i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i> (MULTIVITAMINS/FLUORIDE) | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| ATABEX OB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) AEX 29-1 MG | TIER 1 | |
| C-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG AP | TIER 1 | |
| CO-NATAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB | TIER 1 | |
| COMPLETENATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG CHEW TAB | TIER 1 | |
| CONCEPT DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP | TIER 1 | |
| CONCEPT OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 130-92.4-1 MG CAP | TIER 1 | |
| ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -50-1.25 MG TAB | TIER 1 | |
| FOLIVANE-OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) -85-1 MG CAP | TIER 1 | |
| M-NATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 G TAB | TIER 1 | |
| MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG CHEW TAB | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</i>) --0.5 MG CHEW TAB, --1 MG CHEW TAB | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| MULTI-VITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION | TIER 1 | ACA (Preventive Health) |
| MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.5 MG CHEW TAB | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 1 MG CHEW TAB | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|--|
| MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| NAFRINSE DROPS (<i>sodium fluoride</i>) 0.275 (0.125 F) MG/DROP SOLUTION | TIER 1 | ACA (Preventive Health) |
| NEONATAL COMPLETE (<i>prenatal vit w/ferrous fumarate-folic acid</i>) 27-1 MG TAB | TIER 1 | |
| NEONATAL PLUS (<i>prenatal vit w/ferrous fumarate-folic acid</i>) 27-1 MG TAB | TIER 1 | |
| NIVA-PLUS (<i>prenatal vit w/ferrous fumarate-folic acid</i>) -27-1 MG TAB | TIER 1 | |
| ONE VITE WOMENS PLUS (<i>prenatal vit w/ferrous fumarate-folic acid</i>) 27-1 MG TAB | TIER 1 | |
| PNV TABS 29-1 (<i>prenatal vit w/iron carbonyl-folic acid</i>) S --MG | TIER 1 | |
| PNV-DHA (<i>prenatal without a w/fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP | TIER 1 | |
| PNV-OMEGA (<i>prenatal without a w/fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP | TIER 1 | |
| PNV-SELECT (<i>prenatal vit w/ferrous fumarate-l methylfolate-folic acid</i>) -27-0.6-0.4 MG TAB | TIER 2 | |
| potassium bicarbonate effer tab 25 meq (Effer-K) | TIER 1 | |
| <i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME) | TIER 1 | |
| potassium bicarbonate effer tab 25 meq (Klor-Con/ef) | TIER 1 | |
| potassium chloride cap er 10 meq (Klor-Con Sprinkle) | TIER 1 | |
| <i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER) | TIER 1 | |
| potassium chloride cap er 8 meq (Klor-Con Sprinkle) | TIER 1 | |
| <i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER) | TIER 1 | |
| POTASSIUM CHLORIDE ER 8 MEQ TAB | TIER 1 | |
| potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| <i>potassium chloride microencapsulated crystal tablet 10 meq</i> (POTASSIUM CHLORIDE CRYSTAL ER) | TIER 1 | |
| potassium chloride microencapsulated crystal tablet 15 meq (Klor-Con M15) | TIER 1 | |
| <i>potassium chloride microencapsulated crystal tablet 15 meq</i> (POTASSIUM CHLORIDE CRYSTAL ER) | TIER 1 | |
| <i>potassium chloride microencapsulated crystal tablet 15 meq</i> (POTASSIUM CHLORIDE ER) | TIER 1 | |
| potassium chloride microencapsulated crystal tablet 20 meq (Klor-Con M20) | TIER 1 | |
| <i>potassium chloride microencapsulated crystal tablet 20 meq</i> (POTASSIUM CHLORIDE CRYSTAL ER) | TIER 1 | |
| <i>potassium chloride powder packet 20 meq</i> | TIER 1 | |
| potassium chloride powder packet 20 meq (Klor-Con) | TIER 1 | |
| potassium chloride tablet 10 meq (Klor-Con 10) | TIER 1 | |
| <i>potassium chloride tablet 10 meq</i> (POTASSIUM CHLORIDE ER) | TIER 1 | |
| <i>potassium chloride tablet 20 meq (1500 mg)</i> (POTASSIUM CHLORIDE ER) | TIER 1 | |
| potassium chloride tablet 8 meq (600 mg) (Klor-Con) | TIER 1 | |
| <i>potassium chloride tablet 8 meq (600 mg)</i> (POTASSIUM CHLORIDE ER) | TIER 1 | |
| <i>potassium citrate tablet 10 meq (1080 mg)</i> (POTASSIUM CITRATE ER) | TIER 1 | |
| <i>potassium citrate tablet 15 meq (1620 mg)</i> (POTASSIUM CITRATE ER) | TIER 1 | |
| <i>potassium citrate tablet 5 meq (540 mg)</i> (POTASSIUM CITRATE ER) (40) | TIER 1 | |
| PRENAISSANCE (<i>prenatal w/o vitamin A w/ ferrous fumarate-dss-folic acid</i>) 29-1.25-325 MG CAP | TIER 1 | |
| PRENATABS FA (<i>prenatal vitamin w/ ferrous fumarate-folic acid</i>) 29-1 MG | TIER 1 | |
| PRENATABS RX (<i>prenatal vitamin w/ iron carbonyl-folic acid</i>) 29-1 MG | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB | TIER 1 | |
| PRENATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) 9 29-MG TAB | TIER 1 | |
| PRENATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 19 CHEW TAB, 19 29-1 MG CHEW TAB | TIER 1 | |
| PRENATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB | TIER 1 | |
| PRENATAL PLUS IRON (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB | TIER 1 | |
| PRENATAL PLUS VITAMIN/MINERAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB | TIER 1 | |
| PRENATAL VITAMIN PLUS LOW IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB | TIER 1 | |
| PRENATAL-U (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) -106.5-1 MG CAP | TIER 1 | |
| PREPLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB | TIER 1 | |
| PRETAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) PRE29-1 MG | TIER 1 | |
| PROVIDA OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fd</i>) 20-20-1.25 MG CAP | TIER 1 | |
| RELNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP | TIER 2 | |
| SE-NATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) -9 29-MG TAB | TIER 1 | |
| SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION | TIER 1 | ACA (Preventive Health) |
| <i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride</i> | TIER 1 | ACA (Preventive Health) |
| <i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride</i> | TIER 1 | ACA (Preventive Health) |
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)(NAFRINSE) luoride</i> | TIER 1 | ACA (Preventive Health) |
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride</i> | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride | TIER 1 | ACA (Preventive Health) |
| TARON-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -35-1 MG AP | TIER 1 | |
| THRIVITE RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB | TIER 1 | |
| TRICARE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB | TIER 1 | |
| TRINATAL RX 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-MG TAB | TIER 1 | |
| TRINATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB | TIER 1 | |
| VINATE CARE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 40-1 MG CHEW TAB | TIER 1 | |
| VINATE II (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 29-1 MG TAB | TIER 1 | |
| VINATE ONE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-1 MG TAB | TIER 1 | |
| VIRT-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -53.5-38-1 MG AP | TIER 1 | |
| VIRT-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG CAP | TIER 1 | |
| VIRT-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP | TIER 1 | |
| VIRT-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP | TIER 1 | |
| VITATHELY WITH GINGER (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB | TIER 1 | |
| VIVA DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP | TIER 1 | |
| VOL-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB | TIER 1 | |
| VOL-TAB RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -29-1 MG | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| WESCAP-C DHA (<i>prenatal vit w/ fe fumarate-iron polysacch complex -fa-omega 3</i>) WESAP-53.5-38-1 MG AP | TIER 1 | |
| WESCAP-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) WES-27-0.6-0.4-300 MG | TIER 1 | |
| WESNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP | TIER 1 | |
| WESTAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) WES27-1 MG | TIER 1 | |
| ZATEAN-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP | TIER 1 | |
| ZATEAN-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP | TIER 1 | |

ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)

| | | |
|---|--------|---------------------------|
| CHEMET (<i>succimer</i>) 100 MG CAP | TIER 2 | |
| <i>deferasirox tab for oral susp 125 mg</i> | TIER 4 | SP, SF |
| <i>deferasirox tab for oral susp 250 mg</i> | TIER 4 | SP, SF |
| <i>deferasirox tab for oral susp 500 mg</i> | TIER 4 | SP, SF |
| <i>penicillamine tab 250 mg</i> | TIER 4 | PA, SP, QLC (16 tabs/day) |

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

| | | |
|--|--------|----|
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER)) | TIER 1 | |
| <i>sevelamer carbonate packet 0.8 gm</i> | TIER 2 | PA |
| <i>sevelamer carbonate packet 2.4 gm</i> | TIER 2 | PA |
| <i>sevelamer carbonate tab 800 mg</i> | TIER 1 | |

POTASSIUM BINDERS (Drugs to Lower Potassium)

| | | |
|--|--------|-------------------|
| <i>*sodium polystyrene sulfonate powder**</i> | TIER 1 | |
| LOKELMA (<i>sodium zirconium cyclosilicate</i>) 10 GM PACKET | TIER 3 | QLC (1 pack/day) |
| LOKELMA (<i>sodium zirconium cyclosilicate</i>) 5 GM PACKET | TIER 3 | QLC (3 packs/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> | TIER 1 | |
| sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex) | TIER 1 | |
| sodium polystyrene sulfonate oral susp 15 gm/60ml (Sps) | TIER 1 | |

VITAMINS

| | | |
|---|--------|-------------------------|
| <i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i> | TIER 1 | |
| <i>cyanocobalamin inj 1000 mcg/ml</i> | TIER 1 | |
| cyanocobalamin inj 1000 mcg/ml (Dodex) | TIER 1 | |
| <i>folic acid tab 1 mg</i> | TIER 1 | |
| <i>folic acid tab 1 mg</i> (KP FOLIC ACID) | TIER 1 | |
| <i>folic acid tab 1 mg</i> (TRUE FOLIC ACID) | TIER 1 | |
| <i>levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF) gm/0ml (0%)</i> | TIER 1 | |
| <i>levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)</i> | TIER 1 | |
| <i>levocarnitine tab 330 mg</i> | TIER 1 | |
| TRI-VITE/FLUORIDE (<i>pediatric vitamins acd w/ fluoride</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION | TIER 1 | ACA (Preventive Health) |
| VITAMINS ACD-FLUORIDE (<i>pediatric vitamins acd w/ fluoride</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION | TIER 1 | ACA (Preventive Health) |

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

| | | |
|--|--------|--|
| <i>lactulose (encephalopathy) solution 10 gm/15ml (Enulose)</i> | TIER 1 | |
| <i>lactulose (encephalopathy) solution 10 gm/15ml (Generlac)</i> | TIER 1 | |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY) | TIER 1 | |
| <i>lactulose solution 10 gm/15ml</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|--|
| lactulose solution 10 gm/15ml (Constulose) | TIER 1 | |
| LINZESS (<i>linaclotide</i>) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP | TIER 2 | AL1 (At least 18 yrs old), QLC (1 cap/day) |
| MOVANTIK (<i>naloxegol oxalate</i>) 12.5 MG TAB, 25 MG TAB | TIER 3 | AL1 (At least 18 yrs old), QLC (1 tab/day) |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack) | TIER 1 | ACA (Preventive Health) |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL) | TIER 1 | ACA (Preventive Health) |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Trilyte) | TIER 1 | ACA (Preventive Health) |
| PEG-PREP (<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>) --210 MG-GM KIT | TIER 1 | ACA (Preventive Health) |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (NA SULFATE-K SULFATE-MG SULF) | TIER 1 | ACA (Preventive Health) |

ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)

| | | |
|--|--------|----|
| <i>alosetron hcl tab 0.5 mg (base equiv)</i> | TIER 4 | PA |
| <i>alosetron hcl tab 1 mg (base equiv)</i> | TIER 4 | PA |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE) | TIER 1 | |
| DIPHENOXYLATE-ATROPINE (<i>diphenoxylate w/ atropine</i>) -2.5-0.025 MG/5ML LIQUID | TIER 2 | |

ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)

| | | |
|---|--------|--|
| <i>dicyclomine hcl cap 10 mg</i> | TIER 1 | |
| <i>dicyclomine hcl oral soln 10 mg/5ml</i> | TIER 1 | |
| <i>dicyclomine hcl tab 20 mg</i> | TIER 1 | |
| <i>glycopyrrolate tab 1 mg</i> | TIER 1 | |
| <i>glycopyrrolate tab 2 mg</i> | TIER 1 | |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> | TIER 1 | |
| hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne) | TIER 1 | |
| <i>hyoscyamine sulfate sl tab 0.125 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| hyoscyamine sulfate sl tab 0.125 mg (Oscimin) | TIER 1 | |
| hyoscyamine sulfate sl tab 0.125 mg (Symax-SI) | TIER 1 | |
| <i>hyoscyamine sulfate soln 0.125 mg/ml</i> | TIER 1 | |
| hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne) | TIER 1 | |
| <i>hyoscyamine sulfate tab 0.125 mg</i> | TIER 1 | |
| hyoscyamine sulfate tab 0.125 mg (Oscimin) | TIER 1 | |
| <i>hyoscyamine sulfate tab disint 0.125 mg</i> | TIER 1 | |
| hyoscyamine sulfate tab disint 0.125 mg (Ed-Spaz) | TIER 1 | |
| hyoscyamine sulfate tab disint 0.125 mg (Nulev) | TIER 1 | |
| <i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER) | TIER 1 | |
| hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr) | TIER 1 | |
| hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-Sr) | TIER 1 | |
| PROPANTHELINE BROMIDE 15 MG TAB | TIER 1 | |

GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach)

| | | |
|---|--------|-------------------------|
| <i>cromolyn sodium oral conc 100 mg/5ml</i> | TIER 2 | |
| GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) -240 GM REON SOLN | TIER 1 | ACA (Preventive Health) |
| OMNITROPE (<i>somatropin</i>) 10 MG/1.5ML SOLN CART | TIER 4 | PA, SP |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G) ---cl- | TIER 1 | ACA (Preventive Health) |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES) - --cl- | TIER 1 | ACA (Preventive Health) |
| <i>ursodiol cap 300 mg</i> | TIER 1 | |
| <i>ursodiol tab 250 mg</i> | TIER 1 | |
| <i>ursodiol tab 500 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)

| | | |
|--------------------------------------|--------|--|
| <i>cimetidine tab 300 mg</i> | TIER 1 | |
| <i>cimetidine tab 400 mg</i> | TIER 1 | |
| <i>cimetidine tab 800 mg</i> | TIER 1 | |
| <i>famotidine for susp 40 mg/5ml</i> | TIER 2 | |
| <i>famotidine tab 40 mg</i> | TIER 1 | |
| NIZATIDINE 150 MG CAP, 300 MG CAP | TIER 1 | |
| <i>nizatidine cap 300 mg</i> | TIER 1 | |

PROTECTANTS (Drugs for Acid Reflux and Ulcers)

| | | |
|---|--------|--|
| <i>sucralfate susp 1 gm/10ml gm/0ml</i> | TIER 3 | |
| <i>sucralfate tab 1 gm</i> | TIER 1 | |

PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)

| | | |
|--|--------|------------------|
| <i>lansoprazole cap delayed release 30 mg</i> | TIER 1 | QLC (2 caps/day) |
| <i>omeprazole cap delayed release 10 mg</i> | TIER 1 | QLC (8 caps/day) |
| <i>omeprazole cap delayed release 20 mg</i> | TIER 1 | QLC (4 caps/day) |
| <i>omeprazole cap delayed release 40 mg</i> | TIER 1 | QLC (2 caps/day) |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i> | TIER 1 | QLC (4 tabs/day) |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i> | TIER 1 | QLC (2 tabs/day) |
| <i>rabeprazole sodium ec tab 20 mg</i> | TIER 2 | QLC (3 tabs/day) |

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders)

| | | |
|--|--------|---------------------------|
| <i>carglumic acid soluble tab 200 mg</i> | TIER 4 | PA, SP, QLC (35 tabs/day) |
| CERDELGA (<i>eliglustat tartrate</i>) 84 MG CAP | TIER 4 | PA, SP, QLC (2 caps/day) |
| CREON (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART | TIER 2 | |
| CYSTAGON (<i>cysteamine bitartrate</i>) 150 MG CAP | TIER 3 | SP, QLC (26 caps/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| CYSTAGON (<i>cysteamine bitartrate</i>) 50 MG CAP | TIER 3 | SP, QLC (4 caps/day) |
| DROXIA (<i>hydroxyurea (sickle cell disease)</i>) 200 MG CAP, 300 MG CAP, 400 MG CAP | TIER 2 | |
| MYALEPT (<i>metreleptin</i>) 11.3 MG RECON SOLN | TIER 4 | PA, SP, QLC (1 vial/day) |
| NITYR (<i>nitisinone</i>) 10 MG TAB | TIER 4 | PA, SP, QLC (14 tabs/day) |
| NITYR (<i>nitisinone</i>) 2 MG TAB | TIER 4 | PA, SP, QLC (70 tabs/day) |
| NITYR (<i>nitisinone</i>) 5 MG TAB | TIER 4 | PA, SP, QLC (28 tabs/day) |
| ZENPEP (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART | TIER 2 | |

GENITOURINARY AGENTS (Drugs for the Genital, Bladder, and Kidney)

ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

| | | |
|---|--------|---------------------|
| <i>fesoterodine fumarate tab er 24hr 4 mg</i> (FESOTERODINE FUMARATE ER) 2hr | TIER 2 | QLC (1 tab/day) |
| <i>fesoterodine fumarate tab er 24hr 8 mg</i> (FESOTERODINE FUMARATE ER) | TIER 2 | QLC (1 tab/day) |
| <i>flavoxate hcl tab 100 mg</i> | TIER 1 | |
| <i>oxybutynin chloride solution 5 mg/5ml mg/ml</i> | TIER 1 | QLC (20 ml/day) |
| <i>oxybutynin chloride tab 5 mg</i> | TIER 1 | |
| <i>oxybutynin chloride tab er 24hr 10 mg</i> (OXYBUTYNIN CHLORIDE ER) | TIER 1 | QLC (3 tabs/day) |
| <i>oxybutynin chloride tab er 24hr 15 mg</i> (OXYBUTYNIN CHLORIDE ER) | TIER 1 | QLC (2 tabs/day) |
| <i>oxybutynin chloride tab er 24hr 5 mg</i> (OXYBUTYNIN CHLORIDE ER) | TIER 1 | QLC (1 tab/day) |
| <i>solifenacin succinate tab 10 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>solifenacin succinate tab 5 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>tolterodine tartrate cap er 24hr 2 mg</i> (TOLTERODINE TARTRATE ER) 4hr | TIER 2 | ST, QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) 2hr | TIER 2 | ST, QLC (1 tab/day) |
| <i>tolterodine tartrate tab 1 mg</i> | TIER 2 | ST, QLC (2 tabs/day) |
| <i>tolterodine tartrate tab 2 mg</i> | TIER 2 | ST, QLC (2 tabs/day) |
| <i>tropium chloride tab 20 mg</i> | TIER 1 | QLC (2 tabs/day) |

BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

| | | |
|---|--------|-----------------|
| <i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER) | TIER 1 | |
| <i>dutasteride cap 0.5 mg</i> | TIER 1 | QLC (1 cap/day) |
| <i>finasteride tab 5 mg</i> | TIER 1 | |
| <i>silodosin cap 4 mg</i> | TIER 1 | QLC (1 cap/day) |
| <i>silodosin cap 8 mg</i> | TIER 1 | QLC (1 cap/day) |
| <i>tamsulosin hcl cap 0.4 mg</i> | TIER 1 | |

GENITOURINARY AGENTS, OTHER (Other Drugs for the Genital, Bladder, and Kidney)

| | | |
|--|--------|--|
| <i>bethanechol chloride tab 10 mg</i> | TIER 1 | |
| <i>bethanechol chloride tab 25 mg</i> | TIER 1 | |
| <i>bethanechol chloride tab 5 mg</i> | TIER 1 | |
| <i>bethanechol chloride tab 50 mg</i> | TIER 1 | |
| CYTRA K CRYSTALS (<i>potassium citrate-citric acid</i>) 3300-1002 MG PACET | TIER 1 | |
| ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP | TIER 3 | |
| <i>phenazopyridine hcl tab 100 mg</i> | TIER 1 | |
| <i>phenazopyridine hcl tab 200 mg</i> | TIER 1 | |
| PHEXXI (<i>lactic acid-citric acid-potassium bitartrate</i>) 1.8-1-0.4 % GEL | TIER 3 | ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days) |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral) ic | TIER 1 | |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral) ic | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|--|
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous) ic | TIER 1 | |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral) ic | TIER 1 | |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral) ic | TIER 1 | |
| potassium citrate & citric acid powder pack 3300-1002 mg (Taron-Crystals) | TIER 1 | |
| <i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (POTASSIUM CITRATE-CITRIC ACID) | TIER 1 | |
| potassium phosphate monobasic tab 500 mg (Phospho-Trin K500) | TIER 1 | |
| <i>sildenafil citrate tab 100 mg</i> | TIER 1 | PA, RO (Retail Only), QLC (8 tabs/month) |
| <i>sildenafil citrate tab 25 mg</i> | TIER 1 | PA, RO (Retail Only), QLC (8 tabs/month) |
| <i>sildenafil citrate tab 50 mg</i> | TIER 1 | PA, RO (Retail Only), QLC (8 tabs/month) |
| THIOLA EC (<i>tiopronin</i>) 300 MG TAB DR | TIER 4 | PA, SP |
| <i>tiopronin tab 100 mg</i> | TIER 4 | PA, SP |
| <i>tiopronin tab delayed release 100 mg</i> | TIER 4 | PA, SP |
| <i>tiopronin tab delayed release 300 mg</i> | TIER 4 | PA, SP |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Glucocorticoids)

| | | |
|--|--------|--|
| CORTISONE ACETATE 25 MG TAB | TIER 1 | |
| DEXAMETHASONE 0.5 MG/5ML SOLUTION | TIER 1 | |
| <i>dexamethasone elixir 0.5 mg/5ml</i> | TIER 1 | |
| DEXAMETHASONE INTENSOL 1 MG/ML CONC | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| <i>dexamethasone tab 0.5 mg</i> | TIER 1 | |
| dexamethasone tab 0.5 mg (Decadron) | TIER 1 | |
| <i>dexamethasone tab 0.75 mg</i> | TIER 1 | |
| dexamethasone tab 0.75 mg (Decadron) | TIER 1 | |
| <i>dexamethasone tab 1 mg</i> | TIER 1 | |
| <i>dexamethasone tab 1.5 mg</i> | TIER 1 | |
| <i>dexamethasone tab 2 mg</i> | TIER 1 | |
| <i>dexamethasone tab 4 mg</i> | TIER 1 | |
| dexamethasone tab 4 mg (Decadron) | TIER 1 | |
| <i>dexamethasone tab 6 mg</i> | TIER 1 | |
| dexamethasone tab 6 mg (Decadron) | TIER 1 | |
| <i>fludrocortisone acetate tab 0.1 mg</i> | TIER 1 | |
| <i>methylprednisolone tab 16 mg</i> | TIER 1 | |
| <i>methylprednisolone tab 32 mg</i> | TIER 1 | |
| <i>methylprednisolone tab 4 mg</i> | TIER 1 | |
| <i>methylprednisolone tab 8 mg</i> | TIER 1 | |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i> | TIER 1 | |
| MIFEPREX (<i>mifepristone</i>) 200 MG TAB | TIER 3 | QLC (1 tablet/fill) |
| <i>mifepristone tab 200 mg</i> | TIER 1 | QLC (1 tablet/fill) |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (PREDNISOLONE SODIUM PHOSPHATE) | TIER 1 | |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE) | TIER 1 | |
| PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION | TIER 1 | |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> | TIER 1 | |
| <i>prednisolone soln 15 mg/5ml</i> | TIER 1 | |
| PREDNISONE 5 MG/5ML SOLUTION | TIER 1 | |
| PREDNISONE INTENSOL 5 MG/ML CONC | TIER 1 | |
| <i>prednisone tab 1 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>prednisone tab 10 mg</i> | TIER 1 | |
| <i>prednisone tab 2.5 mg</i> | TIER 1 | |
| <i>prednisone tab 20 mg</i> | TIER 1 | |
| <i>prednisone tab 5 mg</i> | TIER 1 | |
| <i>prednisone tab 50 mg</i> | TIER 1 | |
| <i>prednisone tab therapy pack 10 mg (21)</i> | TIER 1 | |
| <i>prednisone tab therapy pack 10 mg (48)</i> | TIER 1 | |
| <i>prednisone tab therapy pack 5 mg (21)</i> | TIER 1 | |
| <i>prednisone tab therapy pack 5 mg (48)</i> | TIER 1 | |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs to Replace/Stimulate Pituitary Gland Hormones)

| | | |
|---|--------|--------|
| CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN | TIER 4 | PA, SP |
| <i>desmopressin acetate nasal spray soln 0.01%</i> (DESMOPRESSIN ACETATE SPRAY) | TIER 1 | |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> (DESMOPRESSIN ACE SPRAY REFRIG) | TIER 1 | |
| <i>desmopressin acetate tab 0.1 mg</i> | TIER 1 | |
| <i>desmopressin acetate tab 0.2 mg</i> | TIER 1 | |
| FOLLISTIM AQ (<i>follitropin beta</i>) 300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION | TIER 4 | PA, SP |
| GENOTROPIN (<i>somatropin</i>) 5 MG CARTRIDGE, 12 MG CARTRIDGE | TIER 4 | PA, SP |
| GENOTROPIN MINIQUICK (<i>somatropin</i>) 0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR | TIER 4 | PA, SP |
| GONAL-F (<i>follitropin alfa</i>) -F 450 RECON SOLN, -F 1050 RECON SOLN | TIER 4 | PA, SP |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| GONAL-F RFF (<i>follitropin alfa</i>) -75 UNIT RECON SOLN | TIER 4 | PA, SP |
| GONAL-F RFF REDIJECT (<i>follitropin alfa</i>) -F 300 UNIT/0.5ML SOLN PEN, -F 450 UNT/0.75ML SOLN PEN, -F 900 UNIT/1.5ML SOLN PEN | TIER 4 | PA, SP |
| INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION | TIER 4 | PA, SP |
| MENOPUR (<i>menotropins</i>) 75 UNIT RECON SOLN | TIER 4 | PA, SP |
| NOVAREL (<i>chorionic gonadotropin</i>) 5000 RECON SOLN, 10000 RECON SOLN | TIER 4 | PA, SP |
| NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>) MG/2ML SOLN PEN | TIER 4 | PA, SP |
| NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>) MG/2ML SOLN PEN | TIER 4 | PA, SP |
| NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>) MG/2ML SOLN PEN | TIER 4 | PA, SP |
| OMNITROPE (<i>somatropin</i>) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN | TIER 4 | PA, SP |
| OVIDREL (<i>choriogonadotropin alfa</i>) 250 MCG/0.5ML INJECTABLE | TIER 4 | PA, SP, QLC (1 syringe/28 days) |
| PREGNYL (<i>chorionic gonadotropin</i>) 10000 UNIT RECON SOLN | TIER 4 | PA, SP |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

| | |
|--------------------------------|--------|
| <i>misoprostol tab 100 mcg</i> | TIER 1 |
|--------------------------------|--------|

| | |
|--------------------------------|--------|
| <i>misoprostol tab 200 mcg</i> | TIER 1 |
|--------------------------------|--------|

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)

ANABOLIC STEROIDS

| | | |
|-----------------------|--------|------------------|
| OXANDROLONE 10 MG TAB | TIER 3 | QLC (2 tabs/day) |
|-----------------------|--------|------------------|

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|-------------------------------|-----------|----------------------------------|
| OXANDROLONE 2.5 MG TAB | TIER 3 | QLC (8 tabs/day) |
| <i>oxandrolone tab 10 mg</i> | TIER 3 | QLC (2 tabs/day) |
| <i>oxandrolone tab 2.5 mg</i> | TIER 3 | QLC (8 tabs/day) |

ANDROGENS

| | | |
|--|--------|---------------------------|
| <i>danazol cap 100 mg</i> | TIER 1 | |
| <i>danazol cap 200 mg</i> | TIER 1 | |
| <i>danazol cap 50 mg</i> | TIER 1 | |
| METHITEST (<i>methyltestosterone</i>) 10 MG TAB | TIER 3 | PA |
| TESTOSTERONE 12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL | TIER 1 | PA, QLC (300 grams/month) |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i> | TIER 1 | QLC (10 ml/month) |
| testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone) | TIER 1 | QLC (10 ml/month) |
| <i>testosterone cypionate im inj in oil 200 mg/ml</i> | TIER 1 | QLC (10 ml/month) |
| testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone) | TIER 1 | QLC (10 ml/month) |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION | TIER 1 | QLC (5 ml/month) |
| <i>testosterone td gel 12.5 mg/act (1%)</i> | TIER 1 | PA, QLC (300 grams/month) |
| <i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i> | TIER 1 | PA, QLC (1 packet/day) |
| <i>testosterone td gel 20.25 mg/act (1.62%)</i> | TIER 1 | PA, QLC (2 bottles/month) |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i> | TIER 1 | PA, QLC (300 grams/month) |
| <i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i> | TIER 1 | PA, QLC (2 packets/day) |
| <i>testosterone td gel 50 mg/5gm (1%)</i> | TIER 1 | PA, QLC (300 grams/month) |

ESTROGENS (Contraceptives and Drugs for Menopause)

| | | |
|---|--------|---|
| ANNOVERA (<i>segesterone acetate-ethinyl estradiol</i>) 0.013-0.15 MG/24HR RING | TIER 3 | ACA (Preventive Health), QLC (1 ring/ 365 days) |
| CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK | TIER 3 | QLC (4 patches/month) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Bekyree) | TIER 1 | ACA (Preventive Health) |
| <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL) | TIER 1 | ACA (Preventive Health) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva) | TIER 1 | ACA (Preventive Health) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea) | TIER 1 | ACA (Preventive Health) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya) | TIER 1 | ACA (Preventive Health) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele) | TIER 1 | ACA (Preventive Health) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea) | TIER 1 | ACA (Preventive Health) |
| desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant) desog--0.025/25--- | TIER 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri) | TIER 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq) | TIER 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred) | TIER 1 | ACA (Preventive Health) |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (DESOGESTREL-ETHINYL ESTRADIOL) | TIER 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette) | TIER 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce) | TIER 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom) | TIER 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber) | TIER 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga) | TIER 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL) | TIER 1 | ACA (Preventive Health) |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL) ---0.0- | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy) ---0.0- | TIER 1 | ACA (Preventive Health) |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi) | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel) | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine) | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna) | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki) | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura) | TIER 1 | ACA (Preventive Health) |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella) | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda) | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (Zarah) | TIER 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine) | TIER 1 | ACA (Preventive Health) |
| esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs) | TIER 1 | |
| esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs) | TIER 1 | |
| <i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST) | TIER 1 | |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx) | TIER 1 | |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt) | TIER 1 | |
| <i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST DS) | TIER 1 | |
| <i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST) | TIER 1 | |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.) | TIER 1 | |
| <i>estradiol tab 0.5 mg</i> | TIER 1 | |
| <i>estradiol tab 1 mg</i> | TIER 1 | |
| <i>estradiol tab 2 mg</i> | TIER 1 | |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i> | TIER 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.025 mg/24hr (Dotti) | TIER 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.025 mg/24hr (Lyllana) | TIER 1 | QLC (16 patches/28 days) |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i> | TIER 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.0375 mg/24hr (Dotti) | TIER 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana) | TIER 1 | QLC (16 patches/28 days) |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i> | TIER 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.05 mg/24hr (Dotti) | TIER 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.05 mg/24hr (Lyllana) | TIER 1 | QLC (16 patches/28 days) |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i> | TIER 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.075 mg/24hr (Dotti) | TIER 1 | QLC (16 patches/28 days) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| estradiol td patch twice weekly 0.075 mg/24hr (Lyllana) | TIER 1 | QLC (16 patches/28 days) |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i> | TIER 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.1 mg/24hr (Dotti) | TIER 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.1 mg/24hr (Lyllana) | TIER 1 | QLC (16 patches/28 days) |
| <i>estradiol td patch weekly 0.025 mg/24hr</i> | TIER 1 | QLC (8 patches/28 days) |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | TIER 1 | QLC (8 patches/28 days) |
| <i>estradiol td patch weekly 0.05 mg/24hr</i> | TIER 1 | QLC (8 patches/28 days) |
| <i>estradiol td patch weekly 0.06 mg/24hr</i> | TIER 1 | QLC (8 patches/28 days) |
| <i>estradiol td patch weekly 0.075 mg/24hr</i> | TIER 1 | QLC (8 patches/28 days) |
| <i>estradiol td patch weekly 0.1 mg/24hr</i> | TIER 1 | QLC (8 patches/28 days) |
| <i>estradiol vaginal cream 0.1 mg/gm</i> | TIER 2 | |
| <i>estradiol vaginal tab 10 mcg</i> | TIER 1 | |
| estradiol vaginal tab 10 mcg (Yuvaferm) | TIER 1 | |
| <i>estradiol valerate im in oil 10 mg/ml</i> | TIER 1 | |
| <i>estradiol valerate im in oil 20 mg/ml</i> | TIER 1 | |
| <i>estradiol valerate im in oil 40 mg/ml</i> | TIER 1 | |
| ESTRING (<i>estradiol vaginal</i>) 2 MG RING, 7.5 MCG/24HR RING | TIER 3 | QLC (1 ring/90 days) |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL) | TIER 1 | ACA (Preventive Health) |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35) | TIER 1 | ACA (Preventive Health) |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28)) | TIER 1 | ACA (Preventive Health) |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28)) | TIER 1 | ACA (Preventive Health) |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL) | TIER 1 | ACA (Preventive Health) |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|---|
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring) | TIER 2 | ACA (Preventive Health), QLC (1 ring/month) |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | TIER 2 | ACA (Preventive Health), QLC (1 ring/month) |
| etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng) | TIER 2 | ACA (Preventive Health), QLC (1 ring/month) |
| etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring) | TIER 2 | ACA (Preventive Health), QLC (1 ring/month) |
| etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Haloette) | TIER 2 | ACA (Preventive Health), QLC (1 ring/month) |
| levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim) | TIER 1 | ACA (Preventive Health) |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (LEVONORGEST-ETH EST & ETH EST) | TIER 1 | ACA (Preventive Health) |
| levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa) | TIER 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Amethia Lo) | TIER 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo) | TIER 1 | ACA (Preventive Health) |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY) | TIER 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess) | TIER 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia) | TIER 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna) | TIER 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese) | TIER 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee) | TIER 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess) | TIER 1 | ACA (Preventive Health) |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY) | TIER 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolesa) | TIER 1 | ACA (Preventive Health) |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (LEVONORGEST-ETH ESTRAD 91-DAY) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina) | TIER 1 | ACA (Preventive Health) |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienna) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|---|
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo) | TIER 1 | ACA (Preventive Health) |
| <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28)) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest) | TIER 1 | ACA (Preventive Health) |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONORG-ETH ESTRAD TRIPHASIC) | TIER 1 | ACA (Preventive Health) |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28)) | TIER 1 | ACA (Preventive Health) |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> | TIER 1 | ACA (Preventive Health), QLC (1 pack/month) |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst) | TIER 1 | ACA (Preventive Health), QLC (1 pack/month) |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale) | TIER 1 | ACA (Preventive Health), QLC (1 pack/month) |
| levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux) | TIER 3 | ACA (Preventive Health) |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> (LEVONORGEST-ETH ESTRADIOL-IRON) | TIER 3 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|--|
| LO LOESTRIN FE (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>) ESTRIN 1 MG-10 MCG 10 MCG TAB | TIER 2 | ACA (Preventive Health) |
| NATAZIA (<i>estradiol valerate-dienogest</i>) 3/2-2/2-3/1 MG TAB | TIER 3 | ACA (Preventive Health) |
| NEXTSTELLIS (<i>drospirenone-estetro</i>) 3-14.2 MG TAB | TIER 3 | ACA (Preventive Health) |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (NORELGESTROMIN-ETH ESTRADIOL) | TIER 1 | ACA (Preventive Health), QLC (3 patches/month) |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane) | TIER 1 | ACA (Preventive Health), QLC (3 patches/month) |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy) | TIER 1 | ACA (Preventive Health), QLC (3 patches/month) |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva) | TIER 1 | ACA (Preventive Health) |
| <i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28)) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28)) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21)) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28)) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35) | TIER 1 | ACA (Preventive Health) |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (NORETHIN-ETH ESTRADIOL-FE) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe) | TIER 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe) | TIER 1 | ACA (Preventive Health) |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (NORETHIN-ETH ESTRADIOL-FE) | TIER 1 | ACA (Preventive Health) |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (NORETHINDRON-ETHINYL ESTRAD-FE) ---20/-30/-- | TIER 1 | ACA (Preventive Health) |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe) ---20/-30/-- | TIER 1 | ACA (Preventive Health) |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-Legest Fe) ---20/-30/-- | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20 (21)) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20) | TIER 1 | ACA (Preventive Health) |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (NORETHINDRONE ACET-ETHINYL EST) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30 (21)) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30) | TIER 1 | ACA (Preventive Health) |
| <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (NORETHINDRONE ACET-ETHINYL EST) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20) | TIER 1 | ACA (Preventive Health) |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30) | TIER 1 | ACA (Preventive Health) |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe) | TIER 1 | ACA (Preventive Health) |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmily) | TIER 3 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee) | TIER 3 | ACA (Preventive Health) |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE) | TIER 3 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy) | TIER 3 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe) | TIER 1 | ACA (Preventive Health) |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE) | TIER 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe) | TIER 1 | ACA (Preventive Health) |
| norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv) | TIER 1 | QLC (1 tab/day) |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL) | TIER 1 | QLC (1 tab/day) |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv) | TIER 1 | QLC (1 tab/day) |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli) | TIER 1 | QLC (1 tab/day) |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL) | TIER 1 | QLC (1 tab/day) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7) --/1-- | TIER 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7) --/1-- | TIER 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7) --/1-- | TIER 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7) ---/1-- | TIER 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7) ---/1-- | TIER 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7) --/1-- | TIER 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle) --/1--- | TIER 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena) --/1--- | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla) | TIER 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor) | TIER 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili) | TIER 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah) | TIER 1 | ACA (Preventive Health) |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (NORGESTIMATE-ETH ESTRADIOL) | TIER 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo) | TIER 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem) | TIER 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28) | TIER 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra) | TIER 1 | ACA (Preventive Health) |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Estarylla) --/0.215-/0.-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia) --/0.215-/0.-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili) --/0.215-/0.-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec) --/0.215-/0.-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Vylibra Lo) --/0.215-/0.-- | TIER 1 | ACA (Preventive Health) |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.25-- | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|--|
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri Femynor) --/0.215-/0.25-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla) --/0.215-/0.25-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah) --/0.215-/0.25-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili) --/0.215-/0.25-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo) --/0.215-/0.25-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem) --/0.215-/0.25-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec) --/0.215-/0.25-- | TIER 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra) --/0.215-/0.25-- | TIER 1 | ACA (Preventive Health) |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28) | TIER 1 | ACA (Preventive Health) |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest) | TIER 1 | ACA (Preventive Health) |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel) | TIER 1 | ACA (Preventive Health) |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz) | TIER 1 | ACA (Preventive Health) |
| PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM | TIER 3 | |
| PREMARIN (<i>estrogens, conjugated</i>) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB | TIER 3 | |
| PREMPRO (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB | TIER 3 | QLC (28 tabs/month) |
| TWIRLA (<i>levonorgestrel-ethinyl estradiol</i>) 120-30 MCG/24HR PATCH WK | TIER 3 | ACA (Preventive Health), QLC (3 patches/28 days) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG CHEW TAB | TIER 3 | ACA (Preventive Health) |
| VELIVET (<i>desogestrel-ethinyl estradiol (triphasic)</i>) 0.1/0.125/0.15 -0.025 MG TAB | TIER 1 | ACA (Preventive Health) |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER

| | | |
|--|--------|-----------------|
| estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz) | TIER 1 | QLC (1 tab/day) |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (ESTRADIOL-NORETHINDRONE ACET) | TIER 1 | QLC (1 tab/day) |
| estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz) | TIER 1 | QLC (1 tab/day) |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (ESTRADIOL-NORETHINDRONE ACET) | TIER 1 | QLC (1 tab/day) |
| estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza) | TIER 1 | QLC (1 tab/day) |
| estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey) | TIER 1 | QLC (1 tab/day) |

PROGESTINS

| | | |
|--|--------|---|
| ELLA (<i>ulipristal acetate</i>) 30 MG TAB | TIER 3 | ACA (Preventive Health), QLC (1 tab/fill) |
| ENDOMETRIN (<i>progesterone (vaginal)</i>) 100 MG INSERT | TIER 3 | PA |
| <i>medroxyprogesterone acetate tab 10 mg</i> | TIER 1 | |
| <i>medroxyprogesterone acetate tab 2.5 mg</i> | TIER 1 | |
| <i>medroxyprogesterone acetate tab 5 mg</i> | TIER 1 | |
| <i>megestrol acetate susp 40 mg/ml</i> | TIER 1 | |
| <i>megestrol acetate tab 20 mg</i> | TIER 1 | OAC |
| <i>megestrol acetate tab 40 mg</i> | TIER 1 | OAC |
| <i>norethindrone acetate tab 5 mg</i> | TIER 1 | |
| <i>norethindrone tab 0.35 mg</i> | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Camila) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Deblitane) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Emzahh) | TIER 1 | ACA (Preventive Health) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| norethindrone tab 0.35 mg (Errin) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Heather) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Incassia) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Jencycla) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Lyleq) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Lyza) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Nora-Be) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Norlyda) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Norlyroc) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Sharobel) | TIER 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Tulana) | TIER 1 | ACA (Preventive Health) |
| <i>progesterone cap 100 mg</i> | TIER 1 | |
| <i>progesterone cap 200 mg</i> | TIER 1 | |
| SLYND (<i>drospirenone</i>) 4 MG TAB | TIER 3 | ACA (Preventive Health) |

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

| | | |
|--|--------|--|
| CLOMID (<i>clomiphene citrate</i>) 50 MG TAB | TIER 1 | QLC (10 tabs/28 days) |
| CLOMIPHENE CITRATE 50 MG TAB | TIER 1 | QLC (10 tabs/28 days) |
| <i>raloxifene hcl tab 60 mg</i> | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland Hormones)

| | | |
|---|--------|--|
| <i>levothyroxine sodium tab 100 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 100 mcg (Euthyrox) | TIER 1 | |
| levothyroxine sodium tab 100 mcg (Levoxyl) | TIER 3 | |
| <i>levothyroxine sodium tab 112 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 112 mcg (Euthyrox) | TIER 1 | |
| levothyroxine sodium tab 112 mcg (Levoxyl) | TIER 3 | |
| <i>levothyroxine sodium tab 125 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 125 mcg (Euthyrox) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| levothyroxine sodium tab 125 mcg (Levoxyl) | TIER 3 | |
| <i>levothyroxine sodium tab 137 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 137 mcg (Euthyrox) | TIER 1 | |
| levothyroxine sodium tab 137 mcg (Levoxyl) | TIER 3 | |
| <i>levothyroxine sodium tab 150 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 150 mcg (Euthyrox) | TIER 1 | |
| levothyroxine sodium tab 150 mcg (Levoxyl) | TIER 3 | |
| <i>levothyroxine sodium tab 175 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 175 mcg (Euthyrox) | TIER 1 | |
| levothyroxine sodium tab 175 mcg (Levoxyl) | TIER 3 | |
| <i>levothyroxine sodium tab 200 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 200 mcg (Euthyrox) | TIER 1 | |
| levothyroxine sodium tab 200 mcg (Levoxyl) | TIER 3 | |
| <i>levothyroxine sodium tab 25 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 25 mcg (Euthyrox) | TIER 1 | |
| levothyroxine sodium tab 25 mcg (Levoxyl) | TIER 3 | |
| <i>levothyroxine sodium tab 300 mcg</i> | TIER 1 | |
| <i>levothyroxine sodium tab 50 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 50 mcg (Euthyrox) | TIER 1 | |
| levothyroxine sodium tab 50 mcg (Levoxyl) | TIER 3 | |
| <i>levothyroxine sodium tab 75 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 75 mcg (Euthyrox) | TIER 1 | |
| levothyroxine sodium tab 75 mcg (Levoxyl) | TIER 3 | |
| <i>levothyroxine sodium tab 88 mcg</i> | TIER 1 | |
| levothyroxine sodium tab 88 mcg (Euthyrox) | TIER 1 | |
| levothyroxine sodium tab 88 mcg (Levoxyl) | TIER 3 | |
| <i>liothyronine sodium tab 25 mcg</i> | TIER 1 | |
| <i>liothyronine sodium tab 5 mcg</i> | TIER 1 | |
| <i>liothyronine sodium tab 50 mcg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| SYNTHROID (<i>levothyroxine sodium</i>) 25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB | TIER 2 | |

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)

| | | |
|---|--------|-------------------------|
| <i>cabergoline tab 0.5 mg</i> | TIER 1 | QLC (16 tabs/month) |
| <i>cetorelix acetate for inj kit 0.25 mg</i> | TIER 4 | PA, SP |
| <i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i> | TIER 4 | PA, SP |
| ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel) | TIER 4 | PA, SP |
| <i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i> | TIER 4 | PA, SP |
| <i>leuprolide acetate inj kit 5 mg/ml</i> | TIER 4 | PA, SP |
| OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR | TIER 4 | PA, SP |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> | TIER 4 | PA, SP |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> | TIER 4 | PA, SP |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | TIER 4 | PA, SP |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> | TIER 4 | PA, SP |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> | TIER 4 | PA, SP |
| SYNAREL (<i>nafarelin acetate</i>) 2 MG/ML SOLUTION | TIER 4 | PA, QLC (16 ml/30 days) |

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)

ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

| | | |
|------------------------------|--------|--|
| <i>methimazole tab 10 mg</i> | TIER 1 | |
|------------------------------|--------|--|

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|-----------------------------------|-----------|----------------------------------|
| <i>methimazole tab 5 mg</i> | TIER 1 | |
| <i>propylthiouracil tab 50 mg</i> | TIER 1 | |

IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)

ANGIOEDEMA AGENTS

| | | |
|--|--------|---|
| <i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> | TIER 4 | PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months) |
| icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir) | TIER 4 | PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months) |

IMMUNOLOGICAL AGENTS, OTHER (Other Drugs that Stimulate or Suppress the Immune System)

| | | |
|---|--------|---------------------------------------|
| ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN | TIER 4 | PA, SP |
| COSENTYX (300 MG DOSE) (<i>secukinumab</i>) 150 /ML SOLN PRSYR | TIER 4 | PA, SP, QLC (2 syringes/28 days) |
| COSENTYX (<i>secukinumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/28 days) |
| COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ | TIER 4 | PA, SP, QLC (2 pens/28 days) |
| COSENTYX SENSOREADY PEN (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ | TIER 4 | PA, SP, QLC (1 pen/28 days) |
| COSENTYX UNOREADY (<i>secukinumab</i>) 300 MG/2ML SOLN -INJ | TIER 4 | PA, SP, QLC (1 auto-injector/28 days) |
| DUPIXENT (<i>dupilumab</i>) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PEN, 300 MG/2ML SOLN PRSYR | TIER 4 | PA, SP, QLC (2 syringes/28 days) |
| DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR | TIER 4 | PA, SP, QLC (2 syringes/28 days) |
| DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN PEN | TIER 4 | PA, SP, QLC (2 pens (4 ml)/ 28 days) |
| KEVZARA (<i>sarilumab</i>) 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR | TIER 4 | PA, SP, QLC (2 syringes/28 days) |
| KEVZARA (<i>sarilumab</i>) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ | TIER 4 | PA, SP, QLC (1 pen/14 days) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|---|
| ORENCIA (<i>abatacept</i>) 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/week) |
| ORENCIA CLICKJECT (<i>abatacept</i>) ORENCI125 MG/ML SOLN -INJ | TIER 4 | PA, SP, QLC (1 syringe/week) |
| OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK | TIER 4 | PA, SP, QLC (1 pack/month) |
| OTEZLA (<i>apremilast</i>) 4 X 10 & 51 X20 MG TAB THPK | TIER 4 | PA, SP, QLC (55 tabs/28 days, max 2 fills/year) |
| RIDAURA (<i>auranofin</i>) 3 MG CAP | TIER 2 | |
| RINVOQ (<i>upadacitinib</i>) 15 MG TAB ER 24H, 30 MG TAB ER 24H | TIER 4 | PA, SP, QLC (1 tab/day) |
| RINVOQ (<i>upadacitinib</i>) 45 MG TAB ER 24H | TIER 4 | PA, SP, QLC (1 tab/day; max 84 tabs/365 days) |
| RINVOQ LQ (<i>upadacitinib</i>) 1 MG/ML SOLUTION | TIER 4 | PA, SP, QLC (12 ml/day) |
| SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PREF SY KT | TIER 4 | PA, SP, QLC (1 kit/84 days) |
| SKYRIZI (<i>risankizumab-rzaa (crohn's)</i>) 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART | TIER 4 | PA, SP, QLC (1 syringe/56 days) |
| SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/84 days) |
| SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN -INJ | TIER 4 | PA, SP, QLC (1 auto-injector/ 84 days) |
| SOTYKTU (<i>deucravacitinib</i>) 6 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day) |
| STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/84 days) |
| STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION | TIER 4 | PA, SP, QLC (1 vial/84 days) |
| TALTZ (<i>ixekizumab</i>) 20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/28 days) |
| TALTZ (<i>ixekizumab</i>) 80 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/28 days) |
| TALTZ (<i>ixekizumab</i>) TLTZ 80 MG/ML SOLN -INJ | TIER 4 | PA, SP, QLC (1 pen/28 days) |
| TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PEN | TIER 4 | PA, SP, QLC (1 injection/8 weeks) |
| TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/8 weeks) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| XELJANZ (<i>tofacitinib citrate</i>) 1 MG/ML SOLUTION | TIER 4 | PA, SP, QLC (10 ml/day) |
| XELJANZ (<i>tofacitinib citrate</i>) 5 MG TAB, 10 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day) |
| XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TAB ER 24H, 22 MG TAB ER 24H | TIER 4 | PA, SP, QLC (1 tab/day) |

IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)

| | | |
|--|--------|---------------------------|
| ACTIMMUNE (<i>interferon gamma-1b</i>) 2000000 UNIT/0.5ML SOLUTION | TIER 4 | PA, SP |
| INTRON A (<i>interferon alfa-2b</i>) 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN | TIER 4 | SP |
| PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 pen/week) |
| PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION | TIER 4 | PA, SP, QLC (1 vial/week) |
| PEGASYS PROCLICK (<i>peginterferon alfa-2a</i>) PEGSYS 180 MCG/0.5ML SOLN -INJ | TIER 4 | PA, SP, QLC (1 pen/week) |

IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

| | | |
|--|--------|-------------------------------|
| <i>azathioprine tab 50 mg</i> | TIER 1 | |
| <i>cyclosporine cap 100 mg</i> | TIER 1 | |
| <i>cyclosporine cap 25 mg</i> | TIER 1 | |
| <i>cyclosporine modified cap 100 mg</i> | TIER 1 | |
| cyclosporine modified cap 100 mg (Gengraf) | TIER 1 | |
| <i>cyclosporine modified cap 25 mg</i> | TIER 1 | |
| cyclosporine modified cap 25 mg (Gengraf) | TIER 1 | |
| <i>cyclosporine modified cap 50 mg</i> | TIER 1 | |
| <i>cyclosporine modified oral soln 100 mg/ml</i> | TIER 1 | |
| cyclosporine modified oral soln 100 mg/ml (Gengraf) | TIER 1 | |
| ENBREL (<i>etanercept</i>) 25 MG RECON SOLN | TIER 4 | PA, SP, QLC (8 vials/28 days) |
| ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (4 ml/28 days) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|---|
| ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION | TIER 4 | PA, SP, QLC (4 ml/ 28 days) |
| ENBREL MINI (<i>etanercept</i>) 50 MG/ML SOLN CART | TIER 4 | PA, SP, QLC (4 ml/ 28 days) |
| ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN -INJ | TIER 4 | PA, SP, QLC (4 ml/28 days) |
| HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.4ML KIT | TIER 4 | PA, SP, QLC (2 pens [1 kit]/28 days), SUM2 (1) |
| HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.8ML KIT | TIER 4 | PA, SP, QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days)) |
| HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 40 MG/0.8ML PREF KT | TIER 4 | PA, SP, QLC (2 syringes/28 days) |
| HUMIRA (<i>adalimumab</i>) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT | TIER 4 | PA, SP, QLC (2 syringes [1 kit]/28 days) |
| HUMIRA PEN (<i>adalimumab</i>) 80 MG/0.8ML KIT | TIER 4 | PA, SP, QLC (2 pens (1 kit)/ 28 days) |
| HUMIRA PEN-CD/UC/HS STARTER (<i>adalimumab</i>) -80 MG/0.8ML KIT | TIER 4 | PA, SP, QLC (1 carton/year) |
| HUMIRA PEN-PSOR/UEVIT STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML KIT | TIER 4 | PA, SP, QLC (1 carton/year) |
| HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML PEN KIT | TIER 4 | PA, SP, QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days)) |
| HUMIRA-PED<40KG CROHNS STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML PREF SY KT | TIER 4 | PA, SP, QLC (2 syr [1 kit]/year) |
| HUMIRA-PED>/=40KG CROHNS START (<i>adalimumab</i>) -80 MG/0.8ML PREF SY KT | TIER 4 | PA, SP, QLC (3 syr [1 kit]/year) |
| HUMIRA-PED>/=40KG UC STARTER (<i>adalimumab</i>) -80 MG/0.8ML PEN KIT | TIER 4 | PA, SP, QLC (1 carton/year) |
| HUMIRA-PS/UV/ADOL HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML PEN KIT | TIER 4 | PA, SP, QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days)) |
| <i>leflunomide tab 10 mg</i> | TIER 1 | |
| <i>leflunomide tab 20 mg</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| METHOTREXATE SODIUM 250 MG/10ML SOLUTION | TIER 1 | QLC (8 ml/month) |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> | TIER 1 | QLC (8 ml/month) |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> | TIER 1 | QLC (8 ml/month) |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF)) | TIER 1 | QLC (8 ml/month) |
| <i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF)) | TIER 1 | QLC (8 ml/month) |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF)) | TIER 1 | QLC (8 ml/month) |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | TIER 1 | OAC |
| <i>mycophenolate mofetil cap 250 mg</i> | TIER 1 | |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i> | TIER 1 | |
| <i>mycophenolate mofetil tab 500 mg</i> | TIER 1 | |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | TIER 3 | |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | TIER 3 | |
| <i>sirolimus oral soln 1 mg/ml</i> | TIER 2 | |
| <i>sirolimus tab 0.5 mg</i> | TIER 2 | |
| <i>sirolimus tab 1 mg</i> | TIER 2 | |
| <i>sirolimus tab 2 mg</i> | TIER 2 | |
| <i>tacrolimus cap 0.5 mg</i> | TIER 1 | |
| <i>tacrolimus cap 1 mg</i> | TIER 1 | |
| <i>tacrolimus cap 5 mg</i> | TIER 1 | |

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

| | | |
|--|--------|------------------|
| <i>balsalazide disodium cap 750 mg</i> | TIER 1 | QLC (9 caps/day) |
| <i>mesalamine cap er 24hr 0.375 gm</i> (MESALAMINE ER) | TIER 2 | QLC (4 caps/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>mesalamine enema 4 gm</i> | TIER 1 | |
| <i>mesalamine tab delayed release 1.2 gm</i> | TIER 2 | QLC (4 tabs/day) |
| <i>sulfasalazine tab 500 mg</i> | TIER 1 | |
| <i>sulfasalazine tab delayed release 500 mg</i> | TIER 1 | |

GLUCOCORTICOIDS

| | | |
|--|--------|----------------------|
| <i>budesonide delayed release particles cap 3 mg</i> | TIER 1 | PA, QLC (3 caps/day) |
| <i>hydrocortisone enema 100 mg/60ml</i> | TIER 1 | |
| <i>hydrocortisone tab 10 mg</i> | TIER 1 | |
| <i>hydrocortisone tab 20 mg</i> | TIER 1 | |
| <i>hydrocortisone tab 5 mg</i> | TIER 1 | |

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

| | | |
|---|--------|-----------------------|
| ALENDRONATE SODIUM 5 MG TAB | TIER 1 | |
| <i>alendronate sodium oral soln 70 mg/75ml</i> | TIER 1 | QLC (4 bottles/month) |
| <i>alendronate sodium tab 10 mg</i> | TIER 1 | |
| <i>alendronate sodium tab 35 mg</i> | TIER 1 | QLC (4 tabs/month) |
| <i>alendronate sodium tab 70 mg</i> | TIER 1 | QLC (4 tabs/month) |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> | TIER 1 | QLC (1 bottle/month) |
| <i>calcitriol cap 0.25 mcg</i> | TIER 1 | |
| <i>calcitriol cap 0.5 mcg</i> | TIER 1 | |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i> | TIER 4 | PA |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i> | TIER 4 | PA |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i> | TIER 4 | PA |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i> | TIER 1 | |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i> (VITAMIN D (ERGO-CALCIFEROL)) | TIER 1 | |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i> | TIER 1 | QLC (1 tab/month) |
| <i>risedronate sodium tab 150 mg</i> | TIER 2 | QLC (1 tab/month) |
| <i>risedronate sodium tab 30 mg</i> | TIER 1 | PA |
| <i>risedronate sodium tab 35 mg</i> | TIER 2 | QLC (4 tabs/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>risedronate sodium tab 5 mg</i> | TIER 2 | QLC (1 tab/day) |
| <i>risedronate sodium tab delayed release 35 mg</i> | TIER 2 | QLC (4 tabs/month) |
| TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN | TIER 4 | PA, SP, QLC (1 pen/month) |

MISCELLANEOUS THERAPEUTIC AGENTS

| | | |
|--|--------|--|
| 1ST TIER UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC | TIER 2 | |
| 1ST TIER UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC | TIER 2 | |
| 1ST TIER UNILET COMFORTOUCH MISC | TIER 2 | QLC (200 lancets/month) |
| ABOUTTIME PEN NEEDLE PEN 30G 8 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| ACCU-CHEK AVIVA PLUS (<i>glucose blood</i>) - STRIP | TIER 2 | QLC (200 strips/month) |
| ACCU-CHEK FASTCLIX LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| ACCU-CHEK GUIDE (<i>glucose blood</i>) - STRIP | TIER 2 | QLC (200 strips/month) |
| ACCU-CHEK GUIDE -W/DEVICE KIT | TIER 2 | QLC (Accu-Chek Guide Me/Accu-Chek Guide Meters covered at \$0), CW |
| ACCU-CHEK GUIDE ME -W/DEVICE KIT | TIER 2 | QLC (Accu-Chek Guide Me/Accu-Chek Guide Meters covered at \$0), CW |
| ACCU-CHEK SAFE-T PRO LANCETS -- LANCES MISC | TIER 2 | QLC (200 lancets/month) |
| ACCU-CHEK SMARTVIEW (<i>glucose blood</i>) - STRIP | TIER 2 | QLC (200 strips/month) |
| ACCU-CHEK SOFTCLIX LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| ACTI-LANCE 28G - MISC | TIER 2 | QLC (200 lancets/month) |
| ACTI-LANCE LITE LANCETS 28G - MISC | TIER 2 | QLC (200 lancets/month) |
| ACTI-LANCE SPECIAL LANCETS 17G - MISC | TIER 2 | QLC (200 lancets/month) |
| ACTI-LANCE UNIVERSAL 23G - MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| ADVANCED MOBILE LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC | TIER 2 | |
| ADVOCATE INSULIN PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| ADVOCATE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| ADVOCATE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| ADVOCATE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ADVOCATE SAFETY LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| ADVOCATE SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| AEROCHAMBER HOLDING CHAMBER DEVICE | TIER 2 | |
| AEROCHAMBER MINI CHAMBER DEVICE | TIER 2 | |
| AEROCHAMBER MV MISC | TIER 2 | |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE | TIER 2 | |
| AEROCHAMBER PLUS FLO-VU - MISC | TIER 2 | |
| AEROCHAMBER PLUS FLO-VU INTERM - DEVICE | TIER 2 | |
| AEROCHAMBER PLUS FLO-VU LARGE - DEVICE, - MISC | TIER 2 | |
| AEROCHAMBER PLUS FLO-VU MEDIUM - DEVICE, - MISC | TIER 2 | |
| AEROCHAMBER PLUS FLO-VU SMALL - DEVICE, - MISC | TIER 2 | |
| AEROCHAMBER PLUS FLO-VU W/MASK - MISC | TIER 2 | |
| AEROCHAMBER PLUS FLOW VU MISC | TIER 2 | |
| AEROCHAMBER W/FLOWSIGNAL MISC | TIER 2 | |
| AEROCHAMBER Z-STAT PLUS - MISC | TIER 2 | |
| AEROCHAMBER Z-STAT PLUS CHAMBR - MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| AEROCHAMBER Z-STAT PLUS/LARGE - MISC | TIER 2 | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM - MISC | TIER 2 | |
| AEROCHAMBER Z-STAT PLUS/SMALL - MISC | TIER 2 | |
| AEROVENT PLUS DEVICE | TIER 2 | |
| AGAMATRIX ULTRA-THIN LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| AIMSCO TWIST LANCETS 32G MISC | TIER 2 | QLC (200 lancets/month) |
| AIMSCO TWIST LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| AIRIAL CHAMBER DEVICE | TIER 2 | |
| AQ INSULIN SYRINGE 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| AQINJECT PEN NEEDLE PEN 31G 5 MISC, PEN 32G 4 MISC | TIER 2 | |
| AQUALANCE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE COMFORT LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE HAEMOLANCE PLUS HIGH MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE HAEMOLANCE PLUS LOW MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE HAEMOLANCE PLUS MICRO MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE HAEMOLANCE PLUS NORMAL MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE HAEMOLANCE PLUS PED MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC | TIER 2 | |
| ASSURE ID INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC | TIER 2 | |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC | TIER 2 | |
| ASSURE ID SAFETY PEN NEEDLES PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 31G 5 MISC | TIER 2 | |
| ASSURE LANCE LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE LANCE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE LANCE PLUS SAFETY 25G MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| ASSURE LANCE PLUS SAFETY 30G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE LANCE SAFETY LANCET 28G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| AUM INSULIN SAFETY PEN NEEDLE PEN 4 MISC, PEN 5 MISC | TIER 2 | |
| AUM MINI INSULIN PEN NEEDLE PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC | TIER 2 | |
| AUM PEN NEEDLE PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC | TIER 2 | |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC | TIER 2 | |
| AUM SAFETY PEN NEEDLE PEN 4 MISC, PEN 5 MISC | TIER 2 | |
| AURORA LANCET SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| AURORA LANCET THIN 23G MISC | TIER 2 | QLC (200 lancets/month) |
| AURORA PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| AURORA UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC | TIER 2 | |
| BD AUTOSHIELD 5MM MISC, 8MM MISC | TIER 2 | |
| BD AUTOSHIELD DUO 30G X 5 MM MISC | TIER 2 | |
| BD INSULIN SYR ULTRAFINE II 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE 25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE HALF-UNIT -31G X 5/16" 0.3 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE MICROFINE 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE U/F 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE ULTRAFINE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC | TIER 2 | |
| BD LANCET ULTRAFINE 30G MISC | TIER 2 | QLC (200 lancets/month) |
| BD LANCET ULTRAFINE 33G MISC | TIER 2 | QLC (200 lancets/month) |
| BD MICROTAINER LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC | TIER 2 | |
| BD PEN NEEDLE MINI U/F 31G X 5 MM MISC | TIER 2 | |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC | TIER 2 | |
| BD PEN NEEDLE NANO U/F 32G X 4 MM MISC | TIER 2 | |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC | TIER 2 | |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC | TIER 2 | |
| BD SAFETY-LOK INSULIN SYRINGE -29G X 1/2" 1 ML MISC | TIER 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC | TIER 2 | |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC | TIER 2 | |
| BD VEO INSULIN SYRINGE U/F 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC | TIER 2 | |
| BREATHE COMFORT CHAMBER/ADULT DEVICE | TIER 2 | |
| BREATHE COMFORT CHAMBER/CHILD DEVICE | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| BREATHE EASE LARGE DEVICE | TIER 2 | |
| BREATHE EASE MEDIUM DEVICE | TIER 2 | |
| BREATHE EASE SMALL DEVICE | TIER 2 | |
| BREATHERITE COLL SPACER ADULT MISC | TIER 2 | |
| BREATHERITE COLL SPACER CHILD MISC | TIER 2 | |
| BREATHERITE COLL SPACER INFANT MISC | TIER 2 | |
| BREATHERITE MISC | TIER 2 | |
| BREATHERITE RIGID SPACER/MASK MISC | TIER 2 | |
| BREATHERITE SPACER NEONATE MISC | TIER 2 | |
| BREATHERITE SPACER SMALL CHILD MISC | TIER 2 | |
| BREATHERITE VALVED MDI CHAMBER DEVICE | TIER 2 | |
| BREATHERITE/LARGE MASK MISC | TIER 2 | |
| BREATHERITE/MEDIUM MASK MISC | TIER 2 | |
| BREATHERITE/SMALL MASK MISC | TIER 2 | |
| BULLSEYE MINI SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| BULLSEYE SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| CAREFINE PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC | TIER 2 | |
| CAREONE INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| CAREONE LANCET SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| CAREONE LANCET THIN 23G MISC | TIER 2 | QLC (200 lancets/month) |
| CAREONE UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| CAREONE UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC | TIER 2 | |
| CARESENS LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| CARESENS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH INSULIN SYRINGE 28G 5/16" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| CARETOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| CARETOUCH SAFETY LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH TWIST LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH TWIST LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH TWIST LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH TWIST MC LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| CAYA (<i>diaphragm arc-spring</i>) | TIER 2 | ACA (Preventive Health) |
| CHEMSTRIP K (<i>acetone (urine) test</i>) CHEM | TIER 2 | |
| CHEMSTRIP UGK (<i>urine glucose-ketones test</i>) CHEM | TIER 2 | |
| CHOSEN LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| CHOSEN SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| CLEANLET LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| CLEVER CHEK LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| CLEVER CHOICE COMFORT EZ 29G 12MM MISC, 33G 4 MM MISC | TIER 2 | |
| CLEVER CHOICE COMFORT EZ MISC | TIER 2 | QLC (200 lancets/month) |
| CLEVER CHOICE HOLDING CHAMBER DEVICE | TIER 2 | |
| CLEVER CHOICE LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| CLEVER CHOICE LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| CLEVER CHOICE LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| CLICKFINE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| COAGUCHEK LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | TIER 2 | |
| COMFORT ASSURED LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| COMFORT ASSURED LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| COMFORT EZ INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| COMFORT EZ PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC, PEN 33G 8 MISC | TIER 2 | |
| COMFORT EZ PRO PEN NEEDLES PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC | TIER 2 | |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC | TIER 2 | |
| COMFORT LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| COMFORT TOUCH INSULIN PEN NEED PEN 31G 4 MISC, PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC | TIER 2 | |
| COMFORT TOUCH LANCETS 31G MISC | TIER 2 | QLC (200 lancets/month) |
| COMFORT TOUCH PLUS LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| COMFORT TOUCH PLUS LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| COMFORT TOUCH TWIST LANCET 30G MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|--|
| COMPACT SPACE CHAMBER DEVICE | TIER 2 | |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | TIER 2 | |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | TIER 2 | |
| COMPACT SPACE CHAMBER/SM MASK DEVICE | TIER 2 | |
| CVS KETONE CARE (<i>urine glucose-ketones test</i>) STRIP | TIER 2 | |
| CVS LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| CVS LANCETS MICRO THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| CVS LANCETS ORIGINAL MISC | TIER 2 | QLC (200 lancets/month) |
| CVS LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| CVS LANCETS ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| CVS LANCETS ULTRA-THIN 30G - MISC | TIER 2 | QLC (200 lancets/month) |
| CVS ULTRA THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| DEXCOM G5 MOB/G4 PLAT SENSOR MISC | TIER 2 | PA, QLC (1 box/month) |
| DEXCOM G5 MOBILE RECEIVER DEVICE | TIER 2 | PA, QLC (One receiver/reader per year) |
| DEXCOM G5 MOBILE TRANSMITTER MISC | TIER 2 | PA, QLC (1 transmitter/90 days) |
| DEXCOM G5 RECEIVER KIT DEVICE | TIER 2 | PA, QLC (One receiver/reader per year) |
| DEXCOM G6 RECEIVER DEVICE | TIER 2 | PA, QLC (One receiver/reader per year) |
| DEXCOM G6 SENSOR MISC | TIER 2 | PA, QLC (1 box/month) |
| DEXCOM G6 TRANSMITTER MISC | TIER 2 | PA, QLC (1 transmitter/90 days) |
| DEXCOM G7 RECEIVER DEVICE | TIER 2 | PA, QLC (One reader/receiver per year) |
| DEXCOM G7 SENSOR MISC | TIER 2 | PA, QLC (3 sensors/month) |
| DIATHRIVE LANCET ULTRA THIN 30 MISC | TIER 2 | QLC (200 lancets/month) |
| DIATHRIVE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| DIATHRIVE PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| DROPLET INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 15/64" 0.3 ML MISC, 30G 15/64" 0.5 ML MISC, 30G 15/64" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| DROPLET LANCETS ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| DROPLET MICRON 34G X 3.5 MM MISC | TIER 2 | |
| DROPLET PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC | TIER 2 | |
| DROPLET PERSONAL LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| DROPSAFE SAFETY PEN NEEDLES PEN 5 MISC, PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| DRUG MART LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| DRUG MART ON-THE-GO LANCET 30G -- MISC | TIER 2 | QLC (200 lancets/month) |
| DRUG MART UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC | TIER 2 | |
| DRUG MART UNILET LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| DRUG MART UNILET LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| DRUG MART UNILET LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| E-Z JECT LANCET MICRO-THIN 33G -JCT - MISC | TIER 2 | QLC (200 lancets/month) |
| E-Z JECT LANCET SUPER THIN 30G -JCT MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| E-Z JECT LANCETS -JCT LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| E-Z JECT LANCETS 21G -JCT LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| E-Z JECT LANCETS THIN 26G -JCT LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| EASIVENT MASK LARGE MISC | TIER 2 | |
| EASIVENT MASK MEDIUM MISC | TIER 2 | |
| EASIVENT MASK SMALL MISC | TIER 2 | |
| EASIVENT MISC | TIER 2 | |
| EASY COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC | TIER 2 | |
| EASY COMFORT LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| EASY COMFORT LANCETS TWIST TOP MISC | TIER 2 | QLC (200 lancets/month) |
| EASY COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC | TIER 2 | |
| EASY GLIDE PEN NEEDLES 33G X 4 MM MISC | TIER 2 | |
| EASY TOUCH FLIPLOCK INSULIN SY SY 29G 1/2" 1 ML MISC, SY 30G 1/2" 1 ML MISC, SY 30G 5/16" 1 ML MISC, SY 31G 5/16" 1 ML MISC | TIER 2 | |
| EASY TOUCH INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| EASY TOUCH INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| EASY TOUCH LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 28G/TWIST MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 30G/TWIST MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 32G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 32G/TWIST MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 33G/TWIST MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 6 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC | TIER 2 | |
| EASY TOUCH SAFETY LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH SAFETY LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH SAFETY LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH SAFETY PEN NEEDLES PEN 29G 5MM MISC, PEN 29G 8MM MISC, PEN 30G 8 MM MISC | TIER 2 | |
| EASY TOUCH SHEATHLOCK SYRINGE 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| EASY TWIST & CAP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

AL1 - Age Limit; CW - Cost Waived; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| ELITE-THIN INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -28G 5/16" 0.5 ML MISC, -28G 5/16" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -29G 5/16" 0.5 ML MISC, -29G 5/16" 1 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC | TIER 2 | |
| EMBRACE LANCETS ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| EMBRACE PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |
| EMBRACE PRESSURE ACTIVATED 21G MISC | TIER 2 | QLC (200 lancets/month) |
| EMBRACE PRESSURE ACTIVATED 28G MISC | TIER 2 | QLC (200 lancets/month) |
| EQ SPACE CHAMBER ANTI-STATIC - DEVICE | TIER 2 | |
| EQ SPACE CHAMBER ANTI-STATIC L - DEVICE | TIER 2 | |
| EQ SPACE CHAMBER ANTI-STATIC M - DEVICE | TIER 2 | |
| EQ SPACE CHAMBER ANTI-STATIC S - TATIC DEVICE | TIER 2 | |
| EQL COLOR LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| EQL COLOR LANCETS MICRO 33G MISC | TIER 2 | QLC (200 lancets/month) |
| EQL INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| EQL SUPER THIN LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| EQL THIN LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| EXEL COMFORT POINT INSULIN SYR EEL 28G 1/2" 0.5 ML MISC, EEL 28G 1/2" 1 ML MISC, EEL 29G 1/2" 0.3 ML MISC, EEL 29G 1/2" 0.5 ML MISC, EEL 29G 1/2" 1 ML MISC, EEL 30G 5/16" 0.3 ML MISC, EEL 30G 5/16" 0.5 ML MISC, EEL 30G 5/16" 1 ML MISC | TIER 2 | |
| EXEL COMFORT POINT PEN NEEDLE EEL PEN 29G 12MM MISC, EEL PEN 31G 4 MM MISC, EEL PEN 31G 6 MM MISC, EEL PEN 31G 8 MM MISC | TIER 2 | |
| EZ-LETS LANCETS 21G - MISC | TIER 2 | QLC (200 lancets/month) |
| EZ-LETS LANCETS 26G - MISC | TIER 2 | QLC (200 lancets/month) |
| EZ-LETS LANCETS 28G - MISC | TIER 2 | QLC (200 lancets/month) |
| EZ-LETS LANCETS 30G - MISC | TIER 2 | QLC (200 lancets/month) |
| FEMCAP (<i>cervical caps</i>) 22 DEVICE, 26 DEVICE, 30 DEVICE | TIER 2 | ACA (Preventive Health) |
| FIFTY50 PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC | TIER 2 | |
| FIFTY50 SAFETY SEAL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| FIFTY50 SUPERIOR COMFORT SYR 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC | TIER 2 | |
| FIFTY50 UNILET LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| FINE 30 MISC | TIER 2 | QLC (200 lancets/month) |
| FINGERSTIX LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| FLEXICHAMBER ADULT MASK/SMALL MISC | TIER 2 | |
| FLEXICHAMBER CHILD MASK/LARGE MISC | TIER 2 | |
| FLEXICHAMBER CHILD MASK/SMALL MISC | TIER 2 | |
| FLEXICHAMBER DEVICE | TIER 2 | |
| FORA GTEL BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP | TIER 2 | |
| FORA LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| FORA TEST N'GO ADV-VOICE-6 CON (<i>ketone blood test</i>) -- STRIP | TIER 2 | |
| FREDS PHARMACY UNIFINE PENTIP+ 5 MISC, 8 MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC | TIER 2 | |
| FREDS PHARMACY UNILET LANC 28G MISC | TIER 2 | QLC (200 lancets/month) |
| FREDS PHARMACY UNILET LANC 30G MISC | TIER 2 | QLC (200 lancets/month) |
| FREESTYLE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| FREESTYLE PRECISION INS SYR 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| FREESTYLE UNISTICK II LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| GENTEEL BUTTERFLY TOUCH LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| GENTLE-LET GP LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| GENTLE-LET LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| GLOBAL EASE INJECT PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |
| GLOBAL EASY GLIDE INSULIN SYR 5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC | TIER 2 | |
| GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| GLOBAL INJECT EASE INSULIN SYR 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| GLOBAL INJECT EASE LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| GLOBAL INJECT EASE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| GLOBAL INSULIN SYRINGES 1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC | TIER 2 | |
| GLUCOCOM LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| GLUCOCOM LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| GLUCOCOM LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| GLUCOPRO INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| GNP CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| GNP INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| GNP INSULIN SYRINGES 28GX1/2" /2" /2" ML MISC | TIER 2 | |
| GNP INSULIN SYRINGES 29GX1/2" 0.5 ML MISC, 1 ML MISC | TIER 2 | |
| GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC | TIER 2 | |
| GNP INSULIN SYRINGES 30GX5/16" 0.3 ML MISC | TIER 2 | |
| GNP INSULIN SYRINGES 31GX5/16" 0.3 ML MISC | TIER 2 | |
| GNP LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| GNP STERILE LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP STERILE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP STERILE LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP ULTICARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC | TIER 2 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G 5 MISC, 31G 8 MISC, 32G 4 MISC, 32G 6 MISC | TIER 2 | |
| GNP ULTRA COM INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| GOJJI BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP | TIER 2 | |
| GOJJI STERILE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC | TIER 2 | |
| GOODSENSE COLOR LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE LANCETS 26G UNIV MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE LANCETS 30G UNIV MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE LANCETS 33G UNIV MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE PEN NEEDLE PENFINE PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC | TIER 2 | |
| H-E-B INCONTROL LANCETS 28G -- LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| H-E-B INCONTROL LANCETS 30G -- LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| H-E-B INCONTROL LANCETS 33G -- LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| H-E-B INCONTROL PEN NEEDLES --PN 29G 12MM MISC, --PN 31G 5 MM MISC, --PN 31G 6 MM MISC, --PN 31G 8 MM MISC, --PN 32G 4 MM MISC | TIER 2 | |
| H-E-B INCONTROL UNIFINE PENTIP -- UNIFINPNTIP 31G 5 MISC, --UNIFINPNTIP 31G 6 MISC, --UNIFINPNTIP 31G 8 MISC, --UNIFINPNTIP 32G 4 MISC, --UNIFINPNTIP 33G 4 MISC | TIER 2 | |
| HAEMOLANCE LOW FLOW LANCETS F MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE PLUS HIGH FLOW MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE PLUS LOW FLOW F MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE PLUS MAX FLOW MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE PLUS MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE PLUS PEDIATRIC FLOW MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| HEALTHWISE INSULIN SYR/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC | TIER 2 | |
| HEALTHWISE PEN NEEDLES 29G X 12MM MISC | TIER 2 | |
| HEALTHWISE SHORT PEN NEEDLES PEN 5 MISC, PEN 8 MISC | TIER 2 | |
| HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC | TIER 2 | |
| HEALTHY ACCENTS UNIFINE PENTIP 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| HEALTHY ACCENTS UNILET LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| HM ULTICARE INSULIN SYRINGE 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC | TIER 2 | |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC | TIER 2 | |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC | TIER 2 | |
| HY-VEE LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| HY-VEE THIN LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| IN TOUCH STERILE LANCETS 30G IN MISC | TIER 2 | QLC (200 lancets/month) |
| INCONTROL ULTICARE PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| INSPIRACHAMBER/LARGE DEVICE | TIER 2 | |
| INSPIRACHAMBER/MEDIUM DEVICE | TIER 2 | |
| INSPIRACHAMBER/MOUTHPIECE DEVICE | TIER 2 | |
| INSPIRACHAMBER/SMALL DEVICE | TIER 2 | |
| INSPIREASE MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 29G 1" 0.3 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| INSULIN SYRINGE-NEEDLE U-100 --100 27G 1/2" 0.5 ML MISC, --100 27G 1/2" 1 ML MISC, --100 28G 1/2" 0.5 ML MISC, --100 28G 1/2" 1 ML MISC, --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, --100 30G 1/2" 1 ML MISC, --100 30G 5/16" 0.3 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 30G 5/16" 1 ML MISC, --100 31G 1/4" 0.3 ML MISC, --100 31G 1/4" 0.5 ML MISC, --100 31G 1/4" 1 ML MISC, --100 31G 5/16" 0.3 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC | TIER 2 | |
| INSULIN SYRINGE/NEEDLE 27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC | TIER 2 | |
| INSUPEN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| INSUPEN SENSITIVE 6 MISC, 8 MISC | TIER 2 | |
| INSUPEN ULTRAFIN 30G 8 MISC, 31G 6 MISC, 31G 8 MISC | TIER 2 | |
| KETO-DIASTIX (<i>urine glucose-ketones test</i>) - STRIP | TIER 2 | |
| KETONE TEST (<i>acetone (urine) test</i>) STRIP | TIER 2 | |
| KETOSTIX (<i>acetone (urine) test</i>) STRIP | TIER 2 | |
| KINNEY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| KINNEY THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| KINRAY INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| KMART VALU INSULIN SYRINGE 29G VAL-100 0.5 ML MISC, VAL-100 1 ML MISC | TIER 2 | |
| KMART VALU INSULIN SYRINGE 30G VAL-100 0.3 ML MISC, VAL-100 0.5 ML MISC, VAL-100 1 ML MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| KROGER HEALTHPRO LANCET 26G MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| KROGER LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS MICRO THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS SUPER THIN MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS ULTRATHIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS MICRO THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS SUPER THIN 28G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS SUPER THIN MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS ULTRA FINE MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| LEADER INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| LEADER UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| LEADER UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 8 MISC, 32G 4 MISC | TIER 2 | |
| LIBERTY MEDICAL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| LIFESCAN UNISTIK 2 MISC | TIER 2 | QLC (200 lancets/month) |
| LIFESCAN UNISTIK II LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| LITE TOUCH LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| LITEAIRE DEVICE | TIER 2 | |
| LITETOUCH INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| LITETOUCH LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| LITETOUCH PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |
| LIVE BETTER LANCET SUPER THIN MISC | TIER 2 | QLC (200 lancets/month) |
| LIVE BETTER LANCET ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | TIER 2 | |
| LONGS LANCETS STANDARD MISC | TIER 2 | QLC (200 lancets/month) |
| LONGS LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| LONGS LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC | TIER 2 | |
| MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| MAXI-COMFORT INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC | TIER 2 | |
| MAXI-COMFORT SAFETY PEN NEEDLE - PEN 5MM MISC, -PEN 8MM MISC | TIER 2 | |
| MAXICOMFORT II PEN NEEDLE MAICOMFORT 31G 6 MM MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| MAXICOMFORT SYR 27G X 1/2" MAICOMFORT 0.5 ML MISC, MAICOMFORT 1 ML MISC | TIER 2 | |
| MEDIC INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC | TIER 2 | |
| MEDICHOICE SAFETY LANCET EXTRA MISC | TIER 2 | QLC (200 lancets/month) |
| MEDICHOICE SAFETY LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| MEDICHOICE SAFETY LANCET NORM MISC | TIER 2 | QLC (200 lancets/month) |
| MEDICINE SHOPPE PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| MEDISENSE THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE EXTRA 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE LITE 25G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS EXTRA 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS LITE 25G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS SPECIAL 0.8MM MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS SUPERLITE 30G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS UNIVERSAL 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE UNIVERSAL 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER LANCETS UNIVERSAL 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER LANCETS UNIVERSAL 30G MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER LANCETS UNIVERSAL 33G MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| MEIJER SUPER THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| <i>methylergonovine maleate tab 0.2 mg</i> | TIER 1 | QLC (28 tabs/30 days) |
| methylergonovine maleate tab 0.2 mg (Methergine) | TIER 1 | QLC (28 tabs/30 days) |
| MICROCHAMBER DEVICE, MISC | TIER 2 | |

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| MICRODOT PEN NEEDLE PEN 31G 6 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC | TIER 2 | |
| MICROLET LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MICROSPACER MISC | TIER 2 | |
| MM INSULIN SYRINGE/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| MM PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| MM TWIST LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC | TIER 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC | TIER 2 | |
| MONOLET LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MONOLET OPD LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MONOLETTOR SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MPD SAFETY LANCET 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MPD SAFETY LANCET 23G MISC | TIER 2 | QLC (200 lancets/month) |
| MPD SAFETY LANCET 28G MISC | TIER 2 | QLC (200 lancets/month) |
| MPD SAFETY LANCET 30G MISC | TIER 2 | QLC (200 lancets/month) |
| MS INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC | TIER 2 | |
| MYGLUCOHEALTH LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| NOVA MAX PLUS KETONE TEST (<i>ketone blood test</i>) STRIP | TIER 2 | |
| NOVA SAFETY LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| NOVA SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| NOVA SUREFLEX LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC | TIER 2 | |
| NOVOFINE PEN NEEDLE 32G X 6 MM MISC | TIER 2 | |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC | TIER 2 | |
| NOVOTWIST PEN NEEDLE 32G X 5 MM MISC | TIER 2 | |
| OMNIFLEX DIAPHRAGM (<i>diaphragms</i>) | TIER 2 | ACA (Preventive Health) |
| ON CALL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ON CALL PLUS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH CLUB LANCETS FINE PT MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH DELICA LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH DELICA LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH DELICA PLUS LANCET30G MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH DELICA PLUS LANCET33G MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH FINEPOINT LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH ULTRA (<i>glucose blood</i>) STRIP | TIER 2 | QLC (200 strips/month) |
| ONETOUCH ULTRA TEST (<i>glucose blood</i>) STRIP | TIER 2 | QLC (200 strips/month) |
| ONETOUCH ULTRASOFT 2 LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH ULTRASOFT LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH VERIO (<i>glucose blood</i>) STRIP | TIER 2 | QLC (200 strips/month) |
| OPTICHAMBER ADVANTAGE-LG MASK - MISC | TIER 2 | |
| OPTICHAMBER ADVANTAGE-MED MASK - MISC | TIER 2 | |
| OPTICHAMBER ADVANTAGE-SM MASK - MISC | TIER 2 | |
| OPTICHAMBER DIAMOND DEVICE, MISC | TIER 2 | |
| OPTICHAMBER DIAMOND-LG MASK - DEVICE | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| OPTICHAMBER DIAMOND-MD MASK - MISC | TIER 2 | |
| OPTICHAMBER DIAMOND-SM MASK - MISC | TIER 2 | |
| OPTICHAMBER FACE MASK-LARGE - MISC | TIER 2 | |
| OPTICHAMBER FACE MASK-MEDIUM - MISC | TIER 2 | |
| OPTICHAMBER FACE MASK-SMALL - MISC | TIER 2 | |
| OPTIHALER DEVICE, MISC | TIER 2 | |
| PC LANCETS SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| PC UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC | TIER 2 | |
| PEN NEEDLES 3/16" 31G X 5 MM MISC | TIER 2 | |
| PEN NEEDLES 5/16" PEN 30G 8 MISC, PEN 31G 8 MISC | TIER 2 | |
| PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC | TIER 2 | |
| PERFECT LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PERFECT LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| PERFECT POINT SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PHARMACIST CHOICE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PHARMACY COUNTER LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PIP LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PIP LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| PIP PEN NEEDLES 31G X 5MM MISC | TIER 2 | |
| PIP PEN NEEDLES 32G X 4MM MISC | TIER 2 | |
| POCKET CHAMBER DEVICE | TIER 2 | |
| POCKET SPACER DEVICE | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| PRECISION SURE-DOSE SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -30G 3/8" 0.5 ML MISC, -30G 5/16" 0.3 ML MISC | TIER 2 | |
| PRECISION SUREDOSE PLUS SYR 1/2" 0.3 ML MISC, 1/2" 1 ML MISC | TIER 2 | |
| PRECISION THINS GP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PRECISION XTRA KETONE (<i>ketone blood test</i>) STRIP | TIER 2 | |
| PREFERRED PLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC | TIER 2 | |
| PREFERRED PLUS LANCETS COLORED MISC | TIER 2 | QLC (200 lancets/month) |
| PREFERRED PLUS LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| PREFERRED PLUS UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| PRESSURE ACTIVAT SAFETY LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| PREVENT DROPSAFE PEN NEEDLES PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| PREVENT SAFETY PEN NEEDLES PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| PRIMEAIRE HOLDING CHAMBER DEVICE | TIER 2 | |
| PRO COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| PRO COMFORT LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| PRO COMFORT LANCETS 31G MISC | TIER 2 | QLC (200 lancets/month) |
| PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC | TIER 2 | |
| PRO COMFORT SAFETY LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| PRO COMFORT SPACER ADULT MISC | TIER 2 | |
| PRO COMFORT SPACER CHILD MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| PRO COMFORT SPACER INFANT DEVICE | TIER 2 | |
| PROCARE SPACER/ADULT MASK DEVICE | TIER 2 | |
| PROCARE SPACER/CHILD MASK DEVICE | TIER 2 | |
| PROCHAMBER VHC DEVICE | TIER 2 | |
| PRODIGY INSULIN SYRINGE 28G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC | TIER 2 | |
| PRODIGY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PRODIGY SAFETY LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| PRODIGY TWIST TOP LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PSS SELECT GP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PSS SELECT SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PTS PANELS KETONE TEST (<i>ketone blood test</i>) STRIP | TIER 2 | |
| PURE COMFORT LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| PURE COMFORT PEN NEEDLE PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| PURE COMFORT SAFETY PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC | TIER 2 | |
| PURE COMFORT SPACER CHAMBER DEVICE | TIER 2 | |
| PUSH BUTTON SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PUSH BUTTON SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PX EXTRA SHORT PEN NEEDLES 31G 6 MM MISC | TIER 2 | |
| PX INSULIN SYRINGE 30G 1/2" 0.5 ML MISC | TIER 2 | |
| PX LANCETS MICROTHIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| PX LANCETS ULTRA THIN 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PX LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| PX MINI PEN NEEDLES 31G 5 MM MISC | TIER 2 | |
| PX PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| PX SHORTLENGTH PEN NEEDLES 31G 8 MM MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| QC LANCETS SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| QC LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| QC PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| QC UNIFINE PENTIPS 32G X 4 MM MISC | TIER 2 | |
| QC UNILET LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| QC UNILET LANCETS MICRO THIN MISC | TIER 2 | QLC (200 lancets/month) |
| RA E-ZJECT LANCETS 28G -LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| RA E-ZJECT LANCETS THIN 26G -LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| RA E-ZJECT LANCETS THIN 28G -LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| RA E-ZJECT LANCETS ULTRA THIN - LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| RA INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC | TIER 2 | |
| RA PEN NEEDLES PEN 5 MISC, PEN 8 MISC | TIER 2 | |
| RADIOGARDASE (<i>prussian blue insoluble (ferric hexacyanoferrate ii)</i>) 0.5 GM CAP | TIER 3 | |
| RAYA SURE PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| READYLANCER SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| REALITY INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC | TIER 2 | |
| REALITY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| REALITY TRIGGER LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| RELION INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| RELION KETONE TEST (<i>acetone (urine) test</i>) STRIP | TIER 2 | |
| RELION LANCET DEVICES 30G MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| RELION LANCETS MICRO-THIN 33G - MISC | TIER 2 | QLC (200 lancets/month) |
| RELION LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| RELION LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| RELION LANCETS ULTRA-THIN 30G - MISC | TIER 2 | QLC (200 lancets/month) |
| RELION MINI PEN NEEDLES 31G X 6 MM MISC | TIER 2 | |
| RELION PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |
| RELION SHORT PEN NEEDLES 31G X 8 MM MISC | TIER 2 | |
| RELION ULTRA THIN LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| RELION ULTRA THIN PLUS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| REXALL LANCETS ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| RIGHTEST GL300 LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| RITEFLO DEVICE | TIER 2 | |
| SAFE-T-LANCE -- MISC | TIER 2 | QLC (200 lancets/month) |
| SAFE-T-LANCE PLUS -- MISC | TIER 2 | QLC (200 lancets/month) |
| SAFESNAP INSULIN SYRINGE 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC | TIER 2 | |
| SAFETY INSULIN SYRINGES 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC | TIER 2 | |
| SAFETY LANCET 21G/PRESSURE ACT MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCET 23G/PRESSURE ACT MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCET 28G/PRESSURE ACT MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCET 30G/PRESSURE ACT MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LET LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

AL1 - Age Limit; CW - Cost Waived; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| SAFETY PEN NEEDLES PEN 5 MISC, PEN 8 MISC | TIER 2 | |
| SAFETY SEAL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SAPS HEALTH PLUS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SAPS HEALTH TWIST TOP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SAPS TWIST TOP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SAPSCARE TWIST TOP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SB INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| SB LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| SB LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| SECURESAFE INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC | TIER 2 | |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC | TIER 2 | |
| SHOPKO ON-THE-GO LANCETS 30G -- MISC | TIER 2 | QLC (200 lancets/month) |
| SHOPKO UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| SHOPKO UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| SHOPKO UNILET LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| SHOPKO UNILET LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| SIDE BUTTON SAFETY LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| SINGLE-LET - MISC | TIER 2 | QLC (200 lancets/month) |
| SM LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| SMART SENSE COLOR LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| SMART SENSE STANDARD LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SMART SENSE SUPER THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SMART SENSE THIN LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| SMARTTEST LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| SOLUS V2 LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| SOLUS V2 TWIST LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| STERILANCE TL MISC | TIER 2 | QLC (200 lancets/month) |
| SUPER THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| SURE COMFORT LANCETS 18G MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT PEN NEEDLES PEN 29G 12.7MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC | TIER 2 | |
| SURE-FINE PEN NEEDLES -PEN 29G 12.7MM MISC, -PEN 31G 5 MM MISC, -PEN 31G 8 MM MISC | TIER 2 | |
| SURE-JECT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.3 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC | TIER 2 | |
| SURE-LANCE FLAT LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| SURE-LANCE LANCETS 26G - MISC | TIER 2 | QLC (200 lancets/month) |
| SURE-LANCE THIN LANCETS 28G - MISC | TIER 2 | QLC (200 lancets/month) |
| SURE-LANCE ULTRA THIN LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| SURE-TOUCH LANCETS UNIVERSAL - MISC | TIER 2 | QLC (200 lancets/month) |
| SURELITE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| TECHLITE AST LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| TECHLITE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| TECHLITE LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| TECHLITE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| TECHLITE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| TECHLITE PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC | TIER 2 | |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| TGT LANCET MICRO THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| TGT LANCET THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| TGT LANCET ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| THINLETS GP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC | TIER 2 | |
| TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC | TIER 2 | |
| TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC | TIER 2 | |
| TODAYS HEALTH THIN LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| TODAYS HEALTH THIN LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| TOPCARE CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| TOPCARE LANCETS MICRO-THIN 33G - MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| TOPCARE ULTRA COMFORT INS SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| TRAVEL LANCETS ADVANCED 28G MISC | TIER 2 | QLC (200 lancets/month) |
| TRAVEL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| TRUE COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC | TIER 2 | |
| TRUE COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC | TIER 2 | |
| TRUE COMFORT PRO INSULIN SYR 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC | TIER 2 | |
| TRUE COMFORT PRO PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC | TIER 2 | |
| TRUE COMFORT SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| TRUE COMFORT TWIST TOP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| TRUEPLUS 5-BEVEL PEN NEEDLES 5-PEN 29G 12.7MM MISC, 5-PEN 31G 5 MM MISC, 5-PEN 31G 6 MM MISC, 5-PEN 31G 8 MM MISC, 5-PEN 32G 4 MM MISC | TIER 2 | |
| TRUEPLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| TRUEPLUS LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| TRUEPLUS LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| TRUEPLUS LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| TRUEPLUS LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| TRUEPLUS PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |
| TRUEPLUS SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| TWIST TOP LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC | TIER 2 | |
| ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC | TIER 2 | |
| ULTICARE INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| ULTICARE MICRO PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| ULTICARE MINI PEN NEEDLES PEN 30G 5 MISC, PEN 31G 6 MISC, PEN 32G 6 MISC | TIER 2 | |
| ULTICARE PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC | TIER 2 | |
| ULTICARE SHORT PEN NEEDLES PEN 30G 8 MISC, PEN 31G 8 MISC | TIER 2 | |
| ULTIGUARD SAFEPACK PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC | TIER 2 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| ULTILET CLASSIC LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| ULTILET INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| ULTILET INSULIN SYRINGE SHORT 30G 1/2" 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| ULTILET LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ULTILET PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |
| ULTILET SAFETY LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| ULTILET SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | TIER 2 | |
| ULTRA FLO INSULIN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G " 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC | TIER 2 | |
| ULTRA FLO INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| ULTRA THIN LANCETS 31G MISC | TIER 2 | QLC (200 lancets/month) |
| ULTRA THIN PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| ULTRA-CARE LANCETS 30G - MISC | TIER 2 | QLC (200 lancets/month) |
| ULTRA-THIN II AUTO LANCET - MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| ULTRA-THIN II INS SYR SHORT -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC | TIER 2 | |
| ULTRA-THIN II INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC | TIER 2 | |
| ULTRA-THIN II LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| ULTRA-THIN II MINI PEN NEEDLE -31G X 5 MM MISC | TIER 2 | |
| ULTRA-THIN II PEN NEEDLE SHORT -31G X 8 MM MISC | TIER 2 | |
| ULTRA-THIN II PEN NEEDLES -29G X 12.7MM MISC | TIER 2 | |
| ULTRACARE INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| ULTRACARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC | TIER 2 | |
| UNIFINE PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| UNIFINE PENTIPS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC | TIER 2 | |
| UNIFINE PENTIPS PLUS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC | TIER 2 | |
| UNIFINE PROTECT PEN NEEDLE PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| UNIFINE SAFECONTROL PEN NEEDLE PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| UNIFINE ULTRA PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| UNILET COMFORTOUCH LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET EXCELITE II MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|------------------|---|
| UNILET EXCELITE MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET G.P. LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET G.P. SUPERLITE LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET GP 28 ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET MICRO-THIN 33G - MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET SUPER-THIN 30G - MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET SUPERLITE LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET ULTRA-THIN 28G - MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK 3 GENTLE MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK PRO SAFETY LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK SAFETY LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK TOUCH SAFETY LANC 21G MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK TOUCH SAFETY LANC 23G MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK TOUCH SAFETY LANC 28G MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK TOUCH SAFETY LANC 30G MISC | TIER 2 | QLC (200 lancets/month) |
| UNIVERSAL 1 LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| UNIVERSAL 1 LANCETS THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| UNIVERSAL 1 LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| VALUE HEALTH INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC | TIER 2 | |
| VALUE PLUS LANCET STANDARD 21G MISC | TIER 2 | QLC (200 lancets/month) |
| VALUE PLUS LANCETS SUPER THIN MISC | TIER 2 | QLC (200 lancets/month) |
| VALUE PLUS LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| VALUMARK LANCET SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| VALUMARK LANCET ULTRA THIN 28G MISC | TIER 2 | QLC (200 lancets/month) |
| VALUMARK PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| VANISHPOINT INSULIN SYRINGE 29G 1/2" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 3/16" 0.5 ML MISC, 30G 3/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC | TIER 2 | |
| VERIFINE INSULIN PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC | TIER 2 | |
| VERIFINE INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| VERIFINE PLUS PEN NEEDLE PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| VERIFINE SAFE LANCET MINI 21G MISC | TIER 2 | QLC (200 lancets/month) |
| VERIFINE SAFE LANCET MINI 23G MISC | TIER 2 | QLC (200 lancets/month) |
| VERIFINE SAFE LANCET MINI 28G MISC | TIER 2 | QLC (200 lancets/month) |
| VERIFINE SAFE LANCET MINI 30G MISC | TIER 2 | QLC (200 lancets/month) |
| VERIFINE UNIVERSAL LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| VERIFINE UNIVERSAL LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| VERIFINE UNIVERSAL LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| VIDA MIA UNIFINE PENTIPS 29G 12MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| VIDA MIA UNILET LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| VIDA MIA UNILET LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| VIVAGUARD LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| VIVAGUARD LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| VIVAGUARD SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE | TIER 2 | |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE | TIER 2 | |
| VORTEX HOLDING CHAMBER/MASK DEVICE | TIER 2 | |
| VORTEX VALVED HOLDING CHAMBER DEVICE | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | TIER 2 | |
| WALGREENS ADV TRAVEL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| WALGREENS LANCETS MICRO THIN MISC | TIER 2 | QLC (200 lancets/month) |
| WALGREENS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| WALGREENS LANCETS SUPER THIN MISC | TIER 2 | QLC (200 lancets/month) |
| WALGREENS THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| WALGREENS ULTRA THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| WATCHHALER DEVICE | TIER 2 | |
| WEGMANS UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC | TIER 2 | |
| WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>) | TIER 2 | ACA (Preventive Health) |
| WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>) | TIER 2 | ACA (Preventive Health) |
| WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>) | TIER 2 | ACA (Preventive Health) |
| WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>) | TIER 2 | ACA (Preventive Health) |
| WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>) | TIER 2 | ACA (Preventive Health) |
| WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>) | TIER 2 | ACA (Preventive Health) |
| WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>) | TIER 2 | ACA (Preventive Health) |
| WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>) | TIER 2 | ACA (Preventive Health) |
| ZEV RX INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC | TIER 2 | |
| ZEV RX PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| ZEV RX TWIST TOP LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| OPHTHALMIC AGENTS (Drugs for the Eyes) | | |
| OPHTHALMIC AGENTS, OTHER (Other Eye Drops) | | |
| ATROPINE SULFATE (<i>atropine sulfate ophthalmic</i>) 1% SOLUTION | TIER 1 | |
| <i>atropine sulfate ophth soln 1%</i> | TIER 1 | |
| bacitracin-polymyxin b ophth oint (Ak-Poly-Bac) acitracin | TIER 1 | |
| bacitracin-polymyxin b ophth oint (Polycin) acitracin | TIER 1 | |
| <i>bacitracin-polymyxin b ophth oint acitracin</i> | TIER 1 | |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (BACITRA-NEOMYCIN-POLYMYXIN-HC) | TIER 1 | |
| bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc) | TIER 1 | |
| <i>cyclopentolate hcl ophth soln 0.5%</i> | TIER 1 | |
| <i>cyclopentolate hcl ophth soln 1%</i> | TIER 1 | |
| <i>cyclopentolate hcl ophth soln 2%</i> | TIER 1 | |
| DORZOLAMIDE HCL-TIMOLOL MAL (<i>dorzolamide hcl-timolol maleate</i>) -22.3-6.8 MG/ML SOLUTION | TIER 1 | |
| <i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF) | TIER 2 | QLC (2 droperettes/day) |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> | TIER 1 | |
| <i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF) | TIER 2 | QLC (2 droperettes/day) |
| HOMATROPAIRE (<i>homatropine hbr</i>) 5% SOLUTION | TIER 1 | |
| neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-Polycin) | TIER 1 | |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN-POLYMYX) | TIER 1 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | TIER 1 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN -- 1.75-10000-.025 SOLUTION | TIER 1 | |
| NEOMYCIN-POLYMYXIN-HC (<i>neomycin-polymyxin-hc (ophth)</i>) --3.5-10000-1 SUSPENSION | TIER 1 | |
| <i>phenylephrine hcl ophth soln 10%</i> | TIER 1 | |
| phenylephrine hcl ophth soln 10% (Altafrin) | TIER 1 | |
| <i>phenylephrine hcl ophth soln 2.5%</i> | TIER 1 | |
| phenylephrine hcl ophth soln 2.5% (Altafrin) | TIER 1 | |
| <i>proparacaine hcl ophth soln 0.5%</i> | TIER 1 | |
| SULFACETAMIDE-PREDNISOLONE (<i>sulfacetamide sod-prednisolone</i>) -10-0.23 % SOLUTION | TIER 1 | |
| TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % OINTMENT | TIER 3 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | TIER 1 | |
| <i>tropicamide ophth soln 0.5%</i> | TIER 1 | |
| <i>tropicamide ophth soln 1%</i> | TIER 1 | |
| XIIDRA (<i>lifitegrast</i>) 5 % SOLUTION | TIER 2 | QLC (60 vials/month) |

OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)

| | | |
|---|--------|--|
| <i>azelastine hcl ophth soln 0.05%</i> | TIER 1 | |
| CROMOLYN SODIUM (<i>cromolyn sodium (ophth)</i>) 4 % SOLUTION | TIER 1 | |
| <i>cromolyn sodium ophth soln 4%</i> | TIER 1 | |
| <i>epinastine hcl ophth soln 0.05%</i> | TIER 1 | |

OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)

| | | |
|--|--------|-------------------------------|
| BACITRACIN (<i>bacitracin (ophthalmic)</i>) 500 UNIT/GM OINTMENT | TIER 1 | |
| ERYTHROMYCIN (<i>erythromycin (ophth)</i>) 5 MG/GM OINTMENT | TIER 1 | |
| <i>erythromycin ophth oint 5 mg/gm</i> | TIER 1 | |
| <i>gatifloxacin ophth soln 0.5%</i> | TIER 1 | QLC (one 2.5 ml bottle/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| GENTAK (<i>gentamicin sulfate (ophth)</i>) 0.3 % OINTMENT | TIER 1 | |
| <i>gentamicin sulfate ophth soln 0.3%</i> | TIER 1 | |
| LEVOFLOXACIN (<i>levofloxacin (ophth)</i>) 0.5 % SOLUTION, 1.5 % SOLUTION | TIER 1 | |
| <i>levofloxacin ophth soln 0.5%</i> | TIER 1 | |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> | TIER 1 | |
| <i>ofloxacin ophth soln 0.3%</i> | TIER 1 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | TIER 1 | |
| SULFACETAMIDE SODIUM (<i>sulfacetamide sodium (ophth)</i>) 10 % OINTMENT | TIER 1 | |
| <i>sulfacetamide sodium ophth soln 10%</i> | TIER 1 | |
| <i>tobramycin ophth soln 0.3%</i> | TIER 1 | |
| TRIFLURIDINE 1 % SOLUTION | TIER 1 | |

OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)

| | | |
|---|--------|--|
| DEXAMETHASONE SODIUM PHOSPHATE (<i>dexamethasone sodium phosphate (ophth)</i>) 0.1 % SOLUTION | TIER 1 | |
| <i>diclofenac sodium ophth soln 0.1%</i> | TIER 1 | |
| <i>fluorometholone ophth susp 0.1%</i> | TIER 1 | |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION | TIER 1 | |
| <i>ketorolac tromethamine ophth soln 0.4%</i> | TIER 1 | |
| <i>ketorolac tromethamine ophth soln 0.5%</i> | TIER 1 | |
| PREDNISOLONE ACETATE (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION | TIER 1 | |
| PREDNISOLONE ACETATE P-F (<i>prednisolone acetate (ophth)</i>) REDNISOLONE -1 % SUSENSION | TIER 1 | |
| PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate (ophth)</i>) 1 % SOLUTION | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

| | | |
|---|--------|--|
| BETAXOLOL HCL (<i>betaxolol hcl (ophth)</i>) 0.5 % SOLUTION | TIER 1 | |
| <i>betaxolol hcl ophth soln 0.5%</i> | TIER 1 | |
| CARTEOLOL HCL (<i>carteolol hcl (ophth)</i>) 1 % SOLUTION | TIER 1 | |
| LEVOBUNOLOL HCL 0.5 % SOLUTION | TIER 1 | |
| <i>timolol maleate ophth gel forming soln 0.25%</i> | TIER 1 | |
| <i>timolol maleate ophth gel forming soln 0.5%</i> | TIER 1 | |
| <i>timolol maleate ophth soln 0.25%</i> | TIER 1 | |
| <i>timolol maleate ophth soln 0.5%</i> | TIER 1 | |

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

| | | |
|---|--------|--|
| <i>acetazolamide cap er 12hr 500 mg</i> (ACETAZOLAMIDE ER) | TIER 1 | |
| APRACLONIDINE HCL 0.5 % SOLUTION | TIER 1 | |
| <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i> | TIER 1 | |
| <i>brimonidine tartrate ophth soln 0.15%</i> | TIER 3 | |
| <i>brimonidine tartrate ophth soln 0.2%</i> | TIER 1 | |
| <i>dorzolamide hcl ophth soln 2%</i> | TIER 1 | |
| <i>methazolamide tab 25 mg</i> | TIER 2 | |
| <i>methazolamide tab 50 mg</i> | TIER 2 | |
| PHOSPHOLINE IODIDE (<i>echothiophate iodide</i>) 0.125 % RECON SOLN | TIER 3 | |
| <i>pilocarpine hcl ophth soln 1%</i> | TIER 1 | |
| <i>pilocarpine hcl ophth soln 2%</i> | TIER 1 | |
| <i>pilocarpine hcl ophth soln 4%</i> | TIER 1 | |
| SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION | TIER 3 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

| | | |
|---|--------|----------------------|
| LATANOPROST 0.005 % SOLUTION | TIER 1 | QLC (5 ml/ month) |
| <i>latanoprost ophth soln 0.005%</i> | TIER 1 | QLC (5 ml/ month) |
| LUMIGAN (<i>bimatoprost</i>) 0.01 % SOLUTION | TIER 2 | ST, QLC (5 ml/month) |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> (TRAVOPROST (BAK FREE)) | TIER 3 | ST, QLC (5 ml/month) |

OTIC AGENTS (Drugs for the Ears)

| | | |
|---|--------|--|
| <i>acetic acid otic soln 2%</i> | TIER 1 | |
| CIPROFLOXACIN HCL (<i>ciprofloxacin hcl (otic)</i>) 0.2 % SOLUTION | TIER 1 | |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | TIER 3 | |
| DERMOTIC (<i>fluocinolone acetonide (otic)</i>) 0.01 % OIL | TIER 2 | |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (HYDROCORTISONE-ACETIC ACID) | TIER 1 | |
| HYDROCORTISONE-ACETIC ACID (<i>hydrocortisone w/acetic acid</i>) -1-2 % SOLUTION | TIER 1 | |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | TIER 1 | |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | TIER 1 | |
| <i>ofloxacin otic soln 0.3%</i> | TIER 1 | |

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Drugs for Asthma and COPD Symptoms)

| | | |
|---|--------|----------------|
| <i>budesonide inhalation susp 0.25 mg/2ml</i> | TIER 1 | QLC (4 ml/day) |
| <i>budesonide inhalation susp 0.5 mg/2ml</i> | TIER 1 | QLC (4 ml/day) |
| <i>budesonide inhalation susp 1 mg/2ml</i> | TIER 1 | QLC (2 ml/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| QVAR REDHALER (<i>beclomethasone dipropionate hfa</i>) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA | TIER 2 | QLC (2 inhalers/month) |
| XHANCE (<i>fluticasone propionate (nasal)</i>) 93 MCG/ACT EXHU | TIER 3 | QLC (2 bottles/month) |

ANTIHISTAMINES (Drugs for Allergies)

| | | |
|---|--------|------------------------|
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/</i> | TIER 1 | QLC (1 bottle/25 days) |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i> | TIER 1 | |
| <i>cyproheptadine hcl tab 4 mg</i> | TIER 1 | |
| <i>desloratadine tab 5 mg</i> | TIER 1 | |
| <i>hydroxyzine hcl syrup 10 mg/5ml</i> | TIER 1 | |
| <i>hydroxyzine hcl tab 10 mg</i> | TIER 1 | |
| <i>hydroxyzine hcl tab 25 mg</i> | TIER 1 | |
| <i>hydroxyzine hcl tab 50 mg</i> | TIER 1 | |
| HYDROXYZINE PAMOATE 100 MG CAP | TIER 1 | |
| <i>hydroxyzine pamoate cap 25 mg</i> | TIER 1 | |
| <i>hydroxyzine pamoate cap 50 mg</i> | TIER 1 | |
| <i>promethazine hcl oral soln 6.25 mg/5ml</i> | TIER 1 | |

ANTILEUKOTRIENES (Drugs for Asthma)

| | | |
|--|--------|------------------|
| <i>montelukast sodium chew tab 4 mg (base equiv)</i> | TIER 1 | QLC (1 tab/day) |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i> | TIER 1 | QLC (1 tab/day) |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> | TIER 1 | QLC (1 pack/day) |
| <i>montelukast sodium tab 10 mg (base equiv)</i> | TIER 1 | QLC (1 tab/day) |
| <i>zafirlukast tab 10 mg</i> | TIER 2 | |
| <i>zafirlukast tab 20 mg</i> | TIER 2 | |

BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

| | | |
|--|--------|------------------------|
| ATROVENT HFA (<i>ipratropium bromide hfa</i>) 17 MCG/ACT AERO SOLN | TIER 3 | QLC (2 inhalers/month) |
|--|--------|------------------------|

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG/ACT AER POW BA | TIER 2 | QLC (1 inhaler/month) |
| <i>ipratropium bromide inhal soln 0.02%</i> | TIER 1 | QLC (120 doses/month) |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> | TIER 1 | QLC (1 bottle/month) |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> | TIER 1 | QLC (3 bottles/month) |
| SPIRIVA HANDIHALER (<i>tiotropium bromide monohydrate</i>) 18 MCG CAP | TIER 2 | QLC (30 caps/month) |
| SPIRIVA RESPIMAT (<i>tiotropium bromide monohydrate</i>) 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN | TIER 2 | QLC (1 inhaler/month) |

BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)

| | | |
|--|--------|---|
| <i>albuterol hfa (generic proair hfa)</i> | TIER 1 | QLC (2 inhalers/month) |
| <i>albuterol hfa (generic proventil hfa)</i> | TIER 1 | QLC (2 inhalers/month) |
| <i>albuterol hfa (generic ventolin hfa)</i> | TIER 1 | QLC (2 inhalers/month) |
| ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN | TIER 1 | QLC (4 bottles/month) |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (ALBUTEROL SULFATE HFA) | TIER 1 | QLC (2 inhalers/month) |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> | TIER 1 | QLC (375 ml/month) |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> | TIER 1 | QLC (5 boxes (150 ml)/ month) |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i> | TIER 1 | QLC (5 boxes (375 ml)/month) |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> | TIER 1 | QLC (5 boxes (375 ml)/month) |
| <i>albuterol sulfate syrup 2 mg/5ml</i> | TIER 1 | |
| EPINEPHRINE (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ | TIER 1 | QLC (4 injections/fill; max 6 fills per year) |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> | TIER 1 | QLC (4 injections/fill; max 6 fills per year) |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> | TIER 1 | QLC (4 injections/fill; max 6 fills per year) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|---|
| EPIPEN 2-PAK (<i>epinephrine (anaphylaxis)</i>) - PK 0.3 MG/0.3ML SOLN -INJ | TIER 2 | QLC (4 injections/fill; max 6 fills per year) |
| EPIPEN JR 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.15 MG/0.3ML SOLN - INJ | TIER 2 | QLC (4 injections/fill; max 6 fills per year) |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i> | TIER 1 | QLC (90 nebs/month) |
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i> | TIER 1 | QLC (90 nebs/month) |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i> | TIER 1 | QLC (90 nebs/month) |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i> | TIER 1 | QLC (90 vials/month) |
| LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL | TIER 1 | QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order) |
| STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN | TIER 2 | QLC (1 inhaler/month) |

CYSTIC FIBROSIS AGENTS

| | | |
|---|--------|------------------------------|
| KALYDECO (<i>ivacaftor</i>) 150 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day) |
| KALYDECO (<i>ivacaftor</i>) 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET | TIER 4 | PA, SP, QLC (2 packets/day) |
| KALYDECO (<i>ivacaftor</i>) 50 MG PACKET, 75 MG PACKET | TIER 4 | PA, SP, QLC (2 packs/day) |
| SYMDEKO (<i>tezacaftor-ivacaftor</i>) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK | TIER 4 | PA, SP, QLC (2 tabs/day) |
| TOBRAMYCIN 300 MG/5ML NEBU SOLN | TIER 3 | PA, SP, QLC (1 box/2 months) |
| <i>tobramycin nebu soln 300 mg/5ml</i> | TIER 3 | PA, SP, QLC (1 box/2 months) |

MAST CELL STABILIZERS (Drugs to Block Mast Cells)

| | | |
|--|--------|---------------------|
| <i>cromolyn sodium soln nebu 20 mg/2ml</i> | TIER 3 | QLC (2 boxes/month) |
|--|--------|---------------------|

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

| | | |
|---|--------|---|
| <i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i> | TIER 1 | |
| <i>roflumilast tab 250 mcg</i> | TIER 2 | PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months) |
| <i>roflumilast tab 500 mcg</i> | TIER 2 | PA, QLC (1 tab/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>theophylline elixir 80 mg/15ml</i> | TIER 1 | |
| theophylline elixir 80 mg/15ml (Elixophyllin) | TIER 1 | |
| THEOPHYLLINE ER ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H | TIER 1 | |
| <i>theophylline soln 80 mg/15ml</i> | TIER 1 | |
| <i>theophylline tab er 12hr 300 mg</i> (THEOPHYLLINE ER) | TIER 1 | |
| <i>theophylline tab er 12hr 450 mg</i> (THEOPHYLLINE ER) | TIER 1 | |
| <i>theophylline tab er 24hr 400 mg</i> (THEOPHYLLINE ER) | TIER 1 | |
| <i>theophylline tab er 24hr 600 mg</i> (THEOPHYLLINE ER) | TIER 1 | |

PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)

| | | |
|---|--------|--------------------------------|
| <i>ambrisentan tab 10 mg</i> | TIER 4 | PA, SP, QLC (1 tab/day) |
| <i>ambrisentan tab 5 mg</i> | TIER 4 | PA, SP, QLC (1 tab/day) |
| <i>bosentan tab 125 mg</i> | TIER 4 | PA, SP, QLC (2 tabs/day) |
| <i>bosentan tab 62.5 mg</i> | TIER 4 | PA, SP, QLC (2 tabs/day) |
| ORENITRAM (<i>treprostinil diolamine</i>) 0.125 MG TAB ER, 0.25 MG TAB ER | TIER 4 | PA, SP, QLC (9 tabs/day) |
| ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER | TIER 4 | PA, SP, QLC (42 tabs/day) |
| ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER | TIER 4 | PA, SP, QLC (16 tabs/day) |
| ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER | TIER 4 | PA, SP, QLC (8 tabs/day) |
| ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>) 0.25 & 0.25 MG TBER THPK | TIER 4 | PA, SP, QLC (168 tabs/28 days) |
| ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>) 0.15 & 0.5 MG TBER THPK | TIER 4 | PA, SP, QLC (336 tabs/28 days) |
| ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>) 0.125 & 0.25 & 1 MG TBER THPK | TIER 4 | PA, SP, QLC (252 tabs/28 days) |
| <i>sildenafil citrate tab 20 mg</i> | TIER 1 | PA, SP, QLC (3 tabs/day) |
| tadalafil tab 20 mg (pah) (Alyq) | TIER 4 | PA, SP, QLC (2 tabs/day) |
| <i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH)) | TIER 4 | PA, SP, QLC (2 tabs/day) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|--|
| TRACLEER (<i>bosentan</i>) 32 MG TAB SOL | TIER 4 | PA, SP, QLC (4 tabs/day) |
| PULMONARY FIBROSIS AGENTS | | |
| PIRFENIDONE 534 MG TAB | TIER 4 | PA, SP, QLC (3 tabs/day) |
| <i>pirfenidone cap 267 mg</i> | TIER 4 | PA, SP, QLC (9 caps/day) |
| <i>pirfenidone tab 267 mg</i> | TIER 4 | PA, SP, QLC (9 tabs/day) |
| <i>pirfenidone tab 801 mg</i> | TIER 4 | PA, SP, QLC (3 tabs/day) |
| RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions) | | |
| <i>acetylcysteine inhal soln 10%</i> | TIER 3 | |
| <i>acetylcysteine inhal soln 20%</i> | TIER 3 | |
| ADVAIR DISKUS (<i>fluticasone-salmeterol</i>) 100-50 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA | TIER 1 | QLC (1 inhaler/month) |
| ADVAIR HFA (<i>fluticasone-salmeterol</i>) 45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL | TIER 1 | QLC (1 inhaler/month) |
| ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>) 62.5-25 MCG/ACT AER POW BA | TIER 2 | QLC (1 inhaler/month) |
| <i>benzonatate cap 100 mg</i> | TIER 1 | |
| <i>benzonatate cap 150 mg</i> | TIER 1 | |
| <i>benzonatate cap 200 mg</i> | TIER 1 | |
| BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA | TIER 2 | QLC (1 inhaler/month) |
| BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 50-25 MCG/INH AER POW BA | TIER 2 | QLC (1 inhaler (60 blisters)/30 days) |
| COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>) 20-100 MCG/ACT AERO SOLN | TIER 3 | QLC (1 inhaler/month) |
| <i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i> | TIER 1 | QLC (2 bottles/month) |
| <i>fluticasone propionate nasal susp 50 mcg/act</i> | TIER 1 | QLC (1 bottle/month) |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i> | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|---|
| guaifenesin-codeine soln 100-10 mg/5ml (G Tussin Ac) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| guaifenesin-codeine soln 100-10 mg/5ml (Guaifatussin Ac) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| guaifenesin-codeine soln 100-10 mg/5ml (Guaifenesin Ac) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| guaifenesin-codeine soln 100-10 mg/5ml (Maxi-Tuss Ac) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| guaifenesin-codeine soln 100-10 mg/5ml (Virtussin A/c) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| guaifenesin-codeine soln 100-10 mg/5ml (Virtussin Ac W/alc) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| HYDROCOD POLI-CHLORPHE POLI ER (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) -10-8 MG/5ML SUSP | TIER 1 | AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month) |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> (HYDROCOD POLI-CHLORPHE POLI ER) | TIER 1 | AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month) |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROCODONE BIT-HOMATROP MBR) -- <i>1.mg/ml</i> | TIER 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month) |
| hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet) - <i>-1.mg/ml</i> | TIER 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month) |
| <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> (HYDROCODONE BIT-HOMATROP MBR) | TIER 1 | AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month) |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | TIER 1 | QLC (6 boxes [30 doses/box]/month) |
| <i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE VC) <i>-mg/ml</i> | TIER 1 | |
| <i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE) <i>-mg/ml</i> | TIER 1 | |
| PROMETHAZINE VC/CODEINE (<i>promethazine-phenylephrine-codeine</i>) 6.25-5-10 MG/5ML SYRUP | TIER 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|------------------|--|
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> (PROMETHAZINE-CODEINE) | TIER 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month) |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | TIER 1 | |
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE-PHENYLEPH-CODEINE) ---- <i>mg/ml</i> | TIER 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month) |
| pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm) | TIER 1 | |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM) | TIER 1 | |
| <i>sodium chloride soln nebu 0.9%</i> | TIER 1 | |
| <i>sodium chloride soln nebu 10%</i> | TIER 1 | |
| <i>sodium chloride soln nebu 3%</i> | TIER 1 | |
| sodium chloride soln nebu 3% (Nebusal) | TIER 1 | |
| <i>sodium chloride soln nebu 7%</i> | TIER 1 | |
| sodium chloride soln nebu 7% (Pulmosal) | TIER 1 | |
| SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) 160-4.5 MCG/ACT AEROSOL | TIER 2 | QLC (1 inhaler/month) |
| SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) 80-4.5 MCG/ACT AEROSOL | TIER 2 | QLC (1 inhaler/month) |
| TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>) 100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA | TIER 2 | QLC (60 blister packs/30 days) |

SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

| | | |
|--------------------------------------|--------|--|
| <i>carisoprodol tab 350 mg</i> | TIER 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| carisoprodol tab 350 mg (Vanadom) | TIER 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| <i>cyclobenzaprine hcl tab 10 mg</i> | TIER 1 | AL1 (Up to 64 yrs old) |
| <i>cyclobenzaprine hcl tab 5 mg</i> | TIER 1 | AL1 (Up to 64 yrs old) |
| <i>methocarbamol tab 500 mg</i> | TIER 1 | AL1 (Up to 64 yrs old) |
| <i>methocarbamol tab 750 mg</i> | TIER 1 | AL1 (Up to 64 yrs old) |

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PRESCRIPTION DRUG NAME**DRUG TIER****COVERAGE REQUIREMENTS AND LIMITS****SLEEP DISORDER AGENTS (Drugs for Sleep Problems)****SLEEP PROMOTING AGENTS (Drugs for Insomnia)**

| | | |
|---|--------|--|
| <i>estazolam tab 1 mg</i> | TIER 1 | QLC (2 tabs/day) |
| <i>estazolam tab 2 mg</i> | TIER 1 | QLC (1 tab/day) |
| <i>eszopiclone tab 1 mg</i> | TIER 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| <i>eszopiclone tab 2 mg</i> | TIER 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| <i>eszopiclone tab 3 mg</i> | TIER 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| <i>ramelteon tab 8 mg</i> | TIER 2 | ST, QLC (1 tab/day) |
| <i>temazepam cap 15 mg</i> | TIER 1 | QLC (2 caps/day) |
| <i>temazepam cap 22.5 mg</i> | TIER 3 | QLC (1 cap/day) |
| <i>temazepam cap 30 mg</i> | TIER 1 | QLC (1 cap/day) |
| <i>temazepam cap 7.5 mg</i> | TIER 3 | QLC (4 caps/day) |
| <i>zaleplon cap 10 mg</i> | TIER 1 | AL1 (Up to 64 yrs old), QLC (2 caps/day) |
| <i>zaleplon cap 5 mg</i> | TIER 1 | AL1 (Up to 64 yrs old), QLC (4 caps/day) |
| <i>zolpidem tartrate tab 10 mg</i> | TIER 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| <i>zolpidem tartrate tab 5 mg</i> | TIER 1 | AL1 (Up to 64 yrs old), QLC (2 tabs/day) |
| <i>zolpidem tartrate tab er 12.5 mg</i> (ZOLPIDEM TARTRATE ER) | TIER 2 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| <i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER) | TIER 2 | AL1 (Up to 64 yrs old), QLC (2 tabs/day) |

WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)

| | | |
|-----------------------------|--------|------------------|
| <i>modafinil tab 100 mg</i> | TIER 1 | QLC (3 tabs/day) |
| <i>modafinil tab 200 mg</i> | TIER 1 | QLC (2 tabs/day) |

WEIGHT LOSS AGENTS

| | | |
|---|--------|------------------------|
| SAXENDA (<i>liraglutide (weight management)</i>) 18 MG/3ML SOLN PEN | TIER 3 | PA, QLC (5 pens/month) |
|---|--------|------------------------|

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| WEGOVY (<i>semaglutide (weight management)</i>) 0.25 MG/0.5ML SOLN -INJ, 0.5 MG/0.5ML SOLN -INJ, 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ | TIER 3 | PA, QLC (4 pens/month) |
| WEGOVY (<i>semaglutide (weight management)</i>) 1 MG/0.5ML SOLN -INJ | TIER 3 | PA, QLC (4 pens/28 days) |
| ZEPBOUND (<i>tirzepatide (weight management)</i>) 2.5 MG/0.5ML SOLN -INJ, 5 MG/0.5ML SOLN -INJ, 7.5 MG/0.5ML SOLN -INJ, 10 MG/0.5ML SOLN -INJ, 12.5 MG/0.5ML SOLN -INJ, 15 MG/0.5ML SOLN -INJ | TIER 3 | PA, QLC (4 pens/28 days) |

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| ALBUTEROL SULFATE | 181 | | |
| albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (ALBUTEROL SULFATE HFA) | 181 | | |

| | | | |
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| amitriptyline hcl tab 100 mg..... | 24 | amlodipine besylate-benazepril hcl cap 5-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . | 69 |
| amitriptyline hcl tab 150 mg..... | 24 | amlodipine besylate-benazepril hcl cap 5-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . | 69 |
| amitriptyline hcl tab 25 mg..... | 24 | amlodipine besylate-olmesartan medoxomil tab 10-20 mg (AMLODIPINE-OLMESARTAN) . | 69 |
| amitriptyline hcl tab 50 mg..... | 24 | amlodipine besylate-olmesartan medoxomil tab 10-40 mg (AMLODIPINE-OLMESARTAN) . | 69 |
| amitriptyline hcl tab 75 mg..... | 24 | amlodipine besylate-olmesartan medoxomil tab 5-20 mg (AMLODIPINE-OLMESARTAN) . | 69 |
| amlodipine besylate tab 10 mg (base equivalent)..... | 64 | amlodipine besylate-olmesartan medoxomil tab 5-40 mg (AMLODIPINE-OLMESARTAN) . | 69 |
| amlodipine besylate tab 2.5 mg (base equivalent)..... | 64 | amlodipine besylate-valsartan tab 10-160 mg..... | 69 |
| amlodipine besylate tab 5 mg (base equivalent)..... | 64 | amlodipine besylate-valsartan tab 10-320 mg..... | 69 |
| amlodipine besylate-atorvastatin calcium tab 10-10 mg (AMLODIPINE-ATORVASTATIN) . . . | 68 | amlodipine besylate-valsartan tab 5-160 mg . | 69 |
| amlodipine besylate-atorvastatin calcium tab 10-20 mg (AMLODIPINE-ATORVASTATIN) . . . | 68 | amlodipine besylate-valsartan tab 5-320 mg | 69 |
| amlodipine besylate-atorvastatin calcium tab 10-40 mg (AMLODIPINE-ATORVASTATIN) . . . | 68 | amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ)..... | 69 |
| amlodipine besylate-atorvastatin calcium tab 10-80 mg (AMLODIPINE-ATORVASTATIN) . . . | 68 | amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)..... | 70 |
| amlodipine besylate-atorvastatin calcium tab 2.5-10 mg (AMLODIPINE-ATORVASTATIN) . . . | 68 | amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (AMLODIPINE-VALSARTAN-HCTZ)..... | 70 |
| amlodipine besylate-atorvastatin calcium tab 2.5-20 mg (AMLODIPINE-ATORVASTATIN) . . . | 68 | amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ)..... | 70 |
| amlodipine besylate-atorvastatin calcium tab 2.5-40 mg (AMLODIPINE-ATORVASTATIN) . . . | 68 | amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)..... | 70 |
| amlodipine besylate-atorvastatin calcium tab 5-10 mg (AMLODIPINE-ATORVASTATIN) | 68 | amoxapine tab 100 mg..... | 24 |
| amlodipine besylate-atorvastatin calcium tab 5-20 mg (AMLODIPINE-ATORVASTATIN) | 68 | amoxapine tab 150 mg..... | 24 |
| amlodipine besylate-atorvastatin calcium tab 5-40 mg (AMLODIPINE-ATORVASTATIN) | 68 | amoxapine tab 25 mg..... | 24 |
| amlodipine besylate-atorvastatin calcium tab 5-80 mg (AMLODIPINE-ATORVASTATIN) | 68 | amoxapine tab 50 mg..... | 24 |
| amlodipine besylate-benazepril hcl cap 10-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . | 69 | AMOXICILLIN..... | 12 |
| amlodipine besylate-benazepril hcl cap 10-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . | 69 | amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . | 11 |
| amlodipine besylate-benazepril hcl cap 2.5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . | 69 | | |
| amlodipine besylate-benazepril hcl cap 5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL) | 69 | | |

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| amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . | 11 | ANNOVERA (segesterone acetate-ethinyl estradiol) | 111 |
| amoxicillin & k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . | 11 | ANORO ELLIPTA (umeclidinium-vilanterol) . . | 184 |
| amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . | 11 | ANUSOL-HC (hydrocortisone (rectal)) | 88 |
| amoxicillin & k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE) | 11 | APAP-CAFF-DIHYDROCODEINE (acetaminophen-caff-dihydrocod) | 4 |
| amoxicillin & k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE) | 11 | APO-VARENICLINE (varenicline tartrate) | 8 |
| amoxicillin & k clavulanate tab 875-125 mg (AMOXICILLIN-POT CLAVULANATE) | 11 | APRACLONIDINE HCL | 178 |
| amoxicillin (trihydrate) cap 250 mg | 12 | apraclonidine hcl ophth soln 0.5% (base equivalent) | 178 |
| amoxicillin (trihydrate) cap 500 mg | 12 | aprepitant capsule 125 mg | 26 |
| amoxicillin (trihydrate) for susp 125 mg/5ml . . | 12 | aprepitant capsule 40 mg | 26 |
| amoxicillin (trihydrate) for susp 200 mg/5ml . | 12 | aprepitant capsule 80 mg | 26 |
| amoxicillin (trihydrate) for susp 250 mg/5ml . | 12 | aprepitant capsule therapy pack 80 & 125 mg | 26 |
| amoxicillin (trihydrate) for susp 400 mg/5ml . | 12 | APTIVUS (tipranavir) | 47 |
| amoxicillin (trihydrate) tab 500 mg | 12 | AQ INSULIN SYRINGE | 138 |
| amoxicillin (trihydrate) tab 875 mg | 12 | AQINJECT PEN NEEDLE | 138 |
| AMOXICILLIN-POT CLAVULANATE (amoxicillin & pot clavulanate) | 12 | AQUALANCE LANCETS 30G | 138 |
| AMOXICILLIN-POT CLAVULANATE ER (amoxicillin & pot clavulanate) | 12 | ARCALYST (rilonacept) | 130 |
| amphetamine-dextroamphetamine tab 10 mg | 79 | aripiprazole oral solution 1 mg/ml | 40 |
| amphetamine-dextroamphetamine tab 12.5 mg | 79 | aripiprazole tab 10 mg | 40 |
| amphetamine-dextroamphetamine tab 15 mg | 79 | aripiprazole tab 15 mg | 41 |
| amphetamine-dextroamphetamine tab 20 mg | 79 | aripiprazole tab 2 mg | 41 |
| amphetamine-dextroamphetamine tab 30 mg | 79 | aripiprazole tab 20 mg | 41 |
| amphetamine-dextroamphetamine tab 5 mg | 79 | aripiprazole tab 30 mg | 41 |
| amphetamine-dextroamphetamine tab 7.5 mg | 79 | aripiprazole tab 5 mg | 41 |
| ampicillin cap 500 mg | 12 | aspirin-dipyridamole cap er 12hr 25-200 mg (ASPIRIN-DIPYRIDAMOLE ER) | 57,83 |
| anagrelide hcl cap 0.5 mg | 57 | ASSURE COMFORT LANCETS 28G | 138 |
| anagrelide hcl cap 1 mg | 57 | ASSURE HAEMOLANCE PLUS HIGH | 138 |
| anastrozole tab 1 mg | 33 | ASSURE HAEMOLANCE PLUS LOW | 138 |
| | | ASSURE HAEMOLANCE PLUS MICRO | 138 |
| | | ASSURE HAEMOLANCE PLUS NORMAL | 138 |
| | | ASSURE HAEMOLANCE PLUS PED | 138 |
| | | ASSURE ID DUO PRO PEN NEEDLES | 138 |
| | | ASSURE ID INSULIN SAFETY SYR | 138 |
| | | ASSURE ID PRO PEN NEEDLES | 138 |
| | | ASSURE ID SAFETY PEN NEEDLES | 138 |
| | | ASSURE LANCE LANCETS | 138 |
| | | ASSURE LANCE LANCETS 21G | 138 |
| | | ASSURE LANCE PLUS SAFETY 25G | 138 |

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| ASSURE LANCE PLUS SAFETY 30G | 139 | AUM SAFETY PEN NEEDLE | 139 |
| ASSURE LANCE SAFETY LANCET 28G | 139 | AURORA LANCET SUPER THIN 30G | 139 |
| ASSURE LANCETS | 139 | AURORA LANCET THIN 23G | 139 |
| ATABEX OB (prenatal vit w/ fe bisglycinate chelate-folic acid) | 95 | AURORA PEN NEEDLES | 139 |
| atazanavir sulfate cap 150 mg (base equiv) | 47 | AURORA UNIFINE PENTIPS | 139 |
| atazanavir sulfate cap 200 mg (base equiv) | 47 | azathioprine tab 50 mg | 132 |
| atazanavir sulfate cap 300 mg (base equiv) | 47 | azelaic acid gel 15% | 86 |
| atenolol & chlorthalidone tab 100-25 mg (ATENOLOL-CHLORTHALIDONE) | 70 | azelastine hcl nasal spray 0.1% (137 mcg/spray) | 180 |
| atenolol & chlorthalidone tab 50-25 mg (ATENOLOL-CHLORTHALIDONE) | 70 | azelastine hcl ophth soln 0.05% | 176 |
| atenolol tab 100 mg | 62 | AZITHROMYCIN | 12 |
| atenolol tab 25 mg | 62 | azithromycin for susp 100 mg/5ml | 12 |
| atenolol tab 50 mg | 62 | azithromycin for susp 200 mg/5ml | 12 |
| atomoxetine hcl cap 10 mg (base equiv) | 81 | azithromycin tab 250 mg | 12 |
| atomoxetine hcl cap 100 mg (base equiv) | 81 | azithromycin tab 500 mg | 12 |
| atomoxetine hcl cap 18 mg (base equiv) | 81 | azithromycin tab 600 mg | 12 |
| atomoxetine hcl cap 25 mg (base equiv) | 81 | | |
| atomoxetine hcl cap 40 mg (base equiv) | 81 | B | |
| atomoxetine hcl cap 60 mg (base equiv) | 81 | BACITRACIN (bacitracin (ophthalmic)) | 176 |
| atomoxetine hcl cap 80 mg (base equiv) | 81 | bacitracin-polymyxin b ophth oint | 175 |
| atorvastatin calcium tab 10 mg (base equivalent) | 75 | bacitracin-polymyxin b ophth oint (Ak-Poly- Bac) | 175 |
| atorvastatin calcium tab 20 mg (base equivalent) | 75 | bacitracin-polymyxin b ophth oint (Polycin) | 175 |
| atorvastatin calcium tab 40 mg (base equivalent) | 75 | bacitracin-polymyxin-neomycin-hc ophth oint 1% (BACITRA-NEOMYCIN-POLYMYXIN-HC) | 175 |
| atorvastatin calcium tab 80 mg (base equivalent) | 75 | bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc) | 175 |
| atovaquone susp 750 mg/5ml | 36 | BACLOFEN | 42 |
| atovaquone-proguanil hcl tab 250-100 mg | 36 | baclofen tab 10 mg | 42 |
| atovaquone-proguanil hcl tab 62.5-25 mg | 36 | baclofen tab 20 mg | 42 |
| ATROPINE SULFATE (atropine sulfate (ophthalmic)) | 175 | baclofen tab 5 mg | 42 |
| atropine sulfate ophth soln 1% | 175 | balsalazide disodium cap 750 mg | 134 |
| ATROVENT HFA (ipratropium bromide hfa) | 180 | BAQSIMI ONE PACK (glucagon) | 53 |
| AUM INSULIN SAFETY PEN NEEDLE | 139 | BAQSIMI TWO PACK (glucagon) | 53 |
| AUM MINI INSULIN PEN NEEDLE | 139 | BASAGLAR KWIKPEN (insulin glargine) | 54 |
| AUM PEN NEEDLE | 139 | BD AUTOSHIELD | 139 |
| AUM READYGARD DUO PEN NEEDLE | 139 | BD AUTOSHIELD DUO | 139 |
| | | BD INSULIN SYR ULTRAFINE II | 139 |
| | | BD INSULIN SYRINGE | 139 |
| | | BD INSULIN SYRINGE HALF-UNIT | 139 |
| | | BD INSULIN SYRINGE MICROFINE | 139 |

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| BD INSULIN SYRINGE U-500..... | 139 | betamethasone dipropionate augmented cream 0.05%..... | 88 |
| BD INSULIN SYRINGE U/F..... | 140 | betamethasone dipropionate augmented lotion 0.05%..... | 88 |
| BD INSULIN SYRINGE U/F 1/2UNIT..... | 140 | betamethasone dipropionate augmented oint 0.05%..... | 88 |
| BD INSULIN SYRINGE ULTRAFINE..... | 140 | betamethasone dipropionate cream 0.05%.. | 88 |
| BD LANCET ULTRAFINE 30G..... | 140 | betamethasone dipropionate lotion 0.05%... | 88 |
| BD LANCET ULTRAFINE 33G..... | 140 | betamethasone dipropionate oint 0.05%.... | 88 |
| BD MICROTAINER LANCETS..... | 140 | betamethasone valerate cream 0.1% (base equivalent)..... | 88 |
| BD PEN NEEDLE MICRO U/F..... | 140 | betamethasone valerate lotion 0.1% (base equivalent)..... | 88 |
| BD PEN NEEDLE MINI U/F..... | 140 | betamethasone valerate oint 0.1% (base equivalent)..... | 88 |
| BD PEN NEEDLE NANO 2ND GEN..... | 140 | BETASERON (interferon beta-1b)..... | 85 |
| BD PEN NEEDLE NANO U/F..... | 140 | BETAXOLOL HCL (betaxolol hcl (ophth)).... | 178 |
| BD PEN NEEDLE ORIGINAL U/F..... | 140 | betaxolol hcl ophth soln 0.5%..... | 178 |
| BD PEN NEEDLE SHORT U/F..... | 140 | betaxolol hcl tab 10 mg..... | 62 |
| BD SAFETY-LOK INSULIN SYRINGE..... | 140 | betaxolol hcl tab 20 mg..... | 62 |
| BD SAFETYGLIDE INSULIN SYRINGE..... | 140 | bethanechol chloride tab 10 mg..... | 106 |
| BD VEO INSULIN SYR U/F 1/2UNIT..... | 140 | bethanechol chloride tab 25 mg..... | 106 |
| BD VEO INSULIN SYRINGE U/F..... | 140 | bethanechol chloride tab 5 mg..... | 106 |
| benazepril & hydrochlorothiazide tab 10-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)... | 70 | bethanechol chloride tab 50 mg..... | 106 |
| benazepril & hydrochlorothiazide tab 20-12.5 mg (BENAZEPRIL- HYDROCHLOROTHIAZIDE)..... | 70 | bexarotene cap 75 mg..... | 35 |
| benazepril & hydrochlorothiazide tab 20-25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)... | 70 | bicalutamide tab 50 mg..... | 31 |
| benazepril & hydrochlorothiazide tab 5-6.25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)... | 70 | BIKTARVY (bictegravir-emtricitabine-tenofovir alafenamide fumarate)..... | 44 |
| benazepril hcl tab 10 mg..... | 59 | bisoprolol & hydrochlorothiazide tab 10-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)... | 70 |
| benazepril hcl tab 20 mg..... | 59 | bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (BISOPROLOL- HYDROCHLOROTHIAZIDE)..... | 70 |
| benazepril hcl tab 40 mg..... | 59 | bisoprolol & hydrochlorothiazide tab 5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)... | 70 |
| benazepril hcl tab 5 mg..... | 59 | bisoprolol fumarate tab 10 mg..... | 62 |
| benzonatate cap 100 mg..... | 184 | bisoprolol fumarate tab 5 mg..... | 62 |
| benzonatate cap 150 mg..... | 184 | bosentan tab 125 mg..... | 183 |
| benzonatate cap 200 mg..... | 184 | bosentan tab 62.5 mg..... | 183 |
| benzoyl peroxide-erythromycin gel 5-3%.... | 86 | BREATHE COMFORT CHAMBER/ADULT.... | 140 |
| BENZPHETAMINE HCL..... | 83 | BREATHE COMFORT CHAMBER/CHILD.... | 140 |
| benzphetamine hcl tab 50 mg..... | 83 | | |
| benztropine mesylate tab 0.5 mg..... | 37 | | |
| benztropine mesylate tab 1 mg..... | 37 | | |
| benztropine mesylate tab 2 mg..... | 37 | | |
| BETAMETHASONE DIPROPIONATE AUG (betamethasone dipropionate augmented)... | 88 | | |

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|--|-----|---|----|
| BREATHE EASE LARGE..... | 141 | buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)..... | 8 |
| BREATHE EASE MEDIUM..... | 141 | buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)..... | 8 |
| BREATHE EASE SMALL..... | 141 | buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)..... | 8 |
| BREATHERITE..... | 141 | buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)..... | 8 |
| BREATHERITE COLL SPACER ADULT..... | 141 | bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BUPROPION HCL ER (SMOKING DET))..... | 8 |
| BREATHERITE COLL SPACER CHILD..... | 141 | bupropion hcl tab 100 mg..... | 21 |
| BREATHERITE COLL SPACER INFANT..... | 141 | bupropion hcl tab 75 mg..... | 21 |
| BREATHERITE RIGID SPACER/MASK..... | 141 | bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR))..... | 21 |
| BREATHERITE SPACER NEONATE..... | 141 | bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR))..... | 21 |
| BREATHERITE SPACER SMALL CHILD..... | 141 | bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR))..... | 21 |
| BREATHERITE VALVED MDI CHAMBER..... | 141 | bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL))..... | 21 |
| BREATHERITE/LARGE MASK..... | 141 | bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL))..... | 21 |
| BREATHERITE/MEDIUM MASK..... | 141 | bupirone hcl tab 10 mg..... | 49 |
| BREATHERITE/SMALL MASK..... | 141 | bupirone hcl tab 15 mg..... | 49 |
| BREO ELLIPTA (fluticasone furoate- vilanterol)..... | 184 | bupirone hcl tab 30 mg..... | 49 |
| BRILINTA (ticagrelor)..... | 57 | bupirone hcl tab 5 mg..... | 49 |
| brimonidine tartrate ophth soln 0.15%..... | 178 | bupirone hcl tab 7.5 mg..... | 49 |
| brimonidine tartrate ophth soln 0.2%..... | 178 | butalbital-acetaminophen tab 50-325 mg... 83 | |
| BRIVIACT (brivaracetam)..... | 15 | butalbital-acetaminophen-caff w/ cod cap 50- 325-40-30 mg (BUTALBITAL-APAP-CAFF- COD)..... | 4 |
| bromocriptine mesylate cap 5 mg (base equivalent)..... | 37 | butalbital-acetaminophen-caffeine tab 50- 325-40 mg (BAC)..... | 83 |
| bromocriptine mesylate tab 2.5 mg (base equivalent)..... | 38 | butalbital-acetaminophen-caffeine tab 50- 325-40 mg (BUTALBITAL-APAP-CAFFEINE) . 84 | |
| budesonide delayed release particles cap 3 mg..... | 135 | butalbital-aspirin-caff w/ codeine cap 50-325- 40-30 mg (Ascomp-Codeine)..... | 4 |
| budesonide inhalation susp 0.25 mg/2ml.... | 179 | butalbital-aspirin-caff w/ codeine cap 50-325- 40-30 mg (BUTALBITAL-ASA-CAFF- CODEINE)..... | 4 |
| budesonide inhalation susp 0.5 mg/2ml.... | 179 | | |
| budesonide inhalation susp 1 mg/2ml..... | 179 | | |
| BULLSEYE MINI SAFETY LANCETS..... | 141 | | |
| BULLSEYE SAFETY LANCETS..... | 141 | | |
| bumetanide tab 0.5 mg..... | 74 | | |
| bumetanide tab 1 mg..... | 74 | | |
| bumetanide tab 2 mg..... | 74 | | |
| buprenorphine hcl sl tab 2 mg (base equiv).... | 8 | | |
| buprenorphine hcl sl tab 8 mg (base equiv).... | 8 | | |
| buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)..... | 8 | | |
| buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)..... | 8 | | |

BUTALBITAL-ASPIRIN-CAFFEINE 1
 butalbital-aspirin-caffeine cap 50-325-40 mg . 1
 butorphanol tartrate nasal soln 10 mg/ml 4

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C-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids) 95
 cabergoline tab 0.5 mg 129
 CABLIVI (caplacizumab-yhdp) 57
 caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 101,182
 CALCIPOTRIENE 91
 calcipotriene cream 0.005% 91
 calcipotriene oint 0.005% 91
 calcipotriene oint 0.005% (Calcitrene) 91
 calcipotriene soln 0.005% (50 mcg/ml) 91
 calcitonin (salmon) nasal soln 200 unit/act . . 135
 CALCITRIOL (calcitriol (topical)) 91
 calcitriol cap 0.25 mcg 135
 calcitriol cap 0.5 mcg 135
 calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER)) 100
 candesartan cilexetil tab 16 mg 59
 candesartan cilexetil tab 32 mg 59
 candesartan cilexetil tab 4 mg 59
 candesartan cilexetil tab 8 mg 59
 candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (CANDESARTAN CILEXETIL-HCTZ) 70
 candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (CANDESARTAN CILEXETIL-HCTZ) 70
 candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (CANDESARTAN CILEXETIL-HCTZ) . 71
 capecitabine tab 150 mg 32
 capecitabine tab 500 mg 32
 CAPRELSA (vandetanib) 33
 captopril tab 100 mg 60
 captopril tab 12.5 mg 60
 captopril tab 25 mg 60
 captopril tab 50 mg 60

CAPTOPRIL-HYDROCHLOROTHIAZIDE (captopril & hydrochlorothiazide) 71
 carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER) 18
 carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER) 18
 carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER) 18
 carbamazepine chew tab 100 mg 18
 carbamazepine susp 100 mg/5ml 18
 carbamazepine tab 200 mg 18
 carbamazepine tab 200 mg (Epitol) 18
 carbamazepine tab er 12hr 100 mg (CARBAMAZEPINE ER) 18
 carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER) 18
 carbamazepine tab er 12hr 400 mg (CARBAMAZEPINE ER) 18
 carbidopa & levodopa orally disintegrating tab 10-100 mg (CARBIDOPA-LEVODOPA) 38
 carbidopa & levodopa orally disintegrating tab 25-100 mg (CARBIDOPA-LEVODOPA) 39
 carbidopa & levodopa orally disintegrating tab 25-250 mg (CARBIDOPA-LEVODOPA) 39
 carbidopa & levodopa tab 10-100 mg (CARBIDOPA-LEVODOPA) 39
 carbidopa & levodopa tab 25-100 mg (CARBIDOPA-LEVODOPA) 39
 carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA) 39
 carbidopa & levodopa tab er 25-100 mg (CARBIDOPA-LEVODOPA ER) 39
 carbidopa & levodopa tab er 50-200 mg (CARBIDOPA-LEVODOPA ER) 39
 carbidopa tab 25 mg 39
 CARBIDOPA-LEVODOPA 39
 CARBIDOPA-LEVODOPA-ENTACAPONE 37
 carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 37
 carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 37

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| carbidopa-levodopa-entacapone tabs 25-100-200 mg | 37 | cefdinir for susp 125 mg/5ml | 10 |
| carbidopa-levodopa-entacapone tabs 31.25-125-200 mg | 37 | cefdinir for susp 250 mg/5ml | 11 |
| carbidopa-levodopa-entacapone tabs 37.5-150-200 mg | 37 | cefpodoxime proxetil for susp 100 mg/5ml | 11 |
| carbidopa-levodopa-entacapone tabs 50-200-200 mg | 37 | cefpodoxime proxetil for susp 50 mg/5ml | 11 |
| CAREFINE PEN NEEDLES | 141 | cefpodoxime proxetil tab 100 mg | 11 |
| CAREONE INSULIN SYRINGE | 141 | cefpodoxime proxetil tab 200 mg | 11 |
| CAREONE LANCET SUPER THIN 30G | 141 | cefprozil for susp 125 mg/5ml | 11 |
| CAREONE LANCET THIN 23G | 141 | cefprozil for susp 250 mg/5ml | 11 |
| CAREONE UNIFINE PENTIPS | 141 | cefprozil tab 250 mg | 11 |
| CAREONE UNIFINE PENTIPS PLUS | 141 | cefprozil tab 500 mg | 11 |
| CARESENS LANCETS | 142 | cefuroxime axetil tab 250 mg | 11 |
| CARESENS LANCETS 30G | 141 | cefuroxime axetil tab 500 mg | 11 |
| CARETOUCH INSULIN SYRINGE | 142 | celecoxib cap 100 mg | 1 |
| CARETOUCH PEN NEEDLES | 142 | celecoxib cap 200 mg | 1 |
| CARETOUCH SAFETY LANCETS | 142 | celecoxib cap 400 mg | 1 |
| CARETOUCH SAFETY LANCETS 26G | 142 | celecoxib cap 50 mg | 1 |
| CARETOUCH TWIST LANCETS 28G | 142 | cephalexin cap 250 mg | 11 |
| CARETOUCH TWIST LANCETS 30G | 142 | cephalexin cap 500 mg | 11 |
| CARETOUCH TWIST LANCETS 33G | 142 | cephalexin cap 750 mg | 11 |
| CARETOUCH TWIST MC LANCETS 30G | 142 | cephalexin for susp 125 mg/5ml | 11 |
| carglumic acid soluble tab 200 mg | 104 | cephalexin for susp 250 mg/5ml | 11 |
| carisoprodol tab 350 mg | 186 | CERDELGA (eliglustat tartrate) | 104 |
| carisoprodol tab 350 mg (Vanadom) | 186 | cetorelix acetate for inj kit 0.25 mg | 129 |
| CARTEOLOL HCL (carteolol hcl (ophth)) | 178 | cevimeline hcl cap 30 mg | 86 |
| carvedilol tab 12.5 mg | 62 | CHEMET (succimer) | 100 |
| carvedilol tab 25 mg | 62 | CHEMSTRIP K (acetone (urine) test) | 142 |
| carvedilol tab 3.125 mg | 63 | CHEMSTRIP UGK (urine glucose-ketones test) | 142 |
| carvedilol tab 6.25 mg | 63 | chlordiazepoxide hcl cap 10 mg | 49 |
| CAYA (diaphragm arc-spring) | 142 | chlordiazepoxide hcl cap 25 mg | 49 |
| CAYSTON (aztreonam lysine) | 9 | chlordiazepoxide hcl cap 5 mg | 49 |
| CEFACLOR | 10 | chloroquine phosphate tab 250 mg | 36 |
| CEFACLOR ER (cefaclor monohydrate) | 10 | chloroquine phosphate tab 500 mg | 36 |
| CEFADROXIL | 10 | chlorpromazine hcl tab 10 mg | 39 |
| cefadroxil cap 500 mg | 10 | chlorpromazine hcl tab 100 mg | 39 |
| cefadroxil for susp 250 mg/5ml | 10 | chlorpromazine hcl tab 200 mg | 39 |
| cefadroxil for susp 500 mg/5ml | 10 | chlorpromazine hcl tab 25 mg | 39 |
| cefdinir cap 300 mg | 10 | chlorpromazine hcl tab 50 mg | 39 |
| | | chlorthalidone tab 25 mg | 74 |
| | | chlorthalidone tab 50 mg | 74 |
| | | cholestyramine light powder 4 gm/dose | 76 |

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|---|-----|---|-----|
| cholestyramine light powder 4 gm/dose (Prevalite)..... | 76 | ciprofloxacin hcl tab 750 mg (base equiv)..... | 13 |
| cholestyramine light powder packets 4 gm... 76 | | ciprofloxacin-dexamethasone otic susp 0.3-0.1%..... | 179 |
| cholestyramine light powder packets 4 gm (Prevalite)..... | 76 | citalopram hydrobromide oral soln 10 mg/5ml..... | 22 |
| cholestyramine powder 4 gm/dose..... | 76 | citalopram hydrobromide tab 10 mg (base equiv)..... | 22 |
| cholestyramine powder packets 4 gm..... | 76 | citalopram hydrobromide tab 20 mg (base equiv)..... | 22 |
| choline fenofibrate cap dr 135 mg (fenofibric acid equiv)..... | 75 | citalopram hydrobromide tab 40 mg (base equiv)..... | 22 |
| choline fenofibrate cap dr 45 mg (fenofibric acid equiv)..... | 75 | CLARITHROMYCIN..... | 12 |
| CHORIONIC GONADOTROPIN..... | 109 | clarithromycin tab 250 mg..... | 13 |
| CHOSEN LANCETS 30G..... | 142 | clarithromycin tab 500 mg..... | 13 |
| CHOSEN SAFETY LANCETS 28G..... | 142 | clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER)..... | 13 |
| ciclopirox gel 0.77%..... | 94 | CLEANLET LANCETS 28G..... | 142 |
| ciclopirox olamine cream 0.77% (base equiv)..... | 94 | CLEVER CHEK LANCETS..... | 142 |
| ciclopirox olamine susp 0.77% (base equiv)..... | 94 | CLEVER CHOICE COMFORT EZ..... | 142 |
| ciclopirox shampoo 1%..... | 94 | CLEVER CHOICE HOLDING CHAMBER..... | 142 |
| ciclopirox solution 8%..... | 94 | CLEVER CHOICE LANCETS 21G..... | 142 |
| ciclopirox solution 8% (Ciclodan)..... | 94 | CLEVER CHOICE LANCETS 23G..... | 142 |
| cilostazol tab 100 mg..... | 57 | CLEVER CHOICE LANCETS 28G..... | 142 |
| cilostazol tab 50 mg..... | 57 | CLICKFINE PEN NEEDLES..... | 142 |
| CIMDUO (lamivudine-tenofovir disoproxil fumarate)..... | 45 | CLIMARA PRO (estradiol-levonorgestrel)..... | 111 |
| cimetidine tab 300 mg..... | 104 | clindamycin hcl cap 150 mg..... | 9 |
| cimetidine tab 400 mg..... | 104 | clindamycin hcl cap 300 mg..... | 9 |
| cimetidine tab 800 mg..... | 104 | clindamycin hcl cap 75 mg..... | 9 |
| cinacalcet hcl tab 30 mg (base equiv)..... | 135 | clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)..... | 9 |
| cinacalcet hcl tab 60 mg (base equiv)..... | 135 | clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)..... | 86 |
| cinacalcet hcl tab 90 mg (base equiv)..... | 135 | clindamycin phosphate gel 1%..... | 94 |
| ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)..... | 13 | clindamycin phosphate lotion 1%..... | 94 |
| ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)..... | 13 | clindamycin phosphate soln 1%..... | 94 |
| CIPROFLOXACIN HCL..... | 13 | clindamycin phosphate swab 1%..... | 94 |
| CIPROFLOXACIN HCL (ciprofloxacin hcl (otic))..... | 179 | clindamycin phosphate swab 1% (Clindacin Etz)..... | 94 |
| ciprofloxacin hcl ophth soln 0.3% (base equivalent)..... | 13 | clindamycin phosphate swab 1% (Clindacin-P)..... | 94 |
| ciprofloxacin hcl tab 250 mg (base equiv)..... | 13 | | |
| ciprofloxacin hcl tab 500 mg (base equiv)..... | 13 | | |

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| clindamycin phosphate vaginal cream 2% | 9 | CLOTRIMAZOLE-BETAMETHASONE | |
| clindamycin phosphate-benzoyl peroxide gel 1-5% (CLINDAMYCIN PHOS-BENZOYL PEROX) | 87 | (clotrimazole w/ betamethasone) | 91 |
| clobazam suspension 2.5 mg/ml | 17 | clozapine tab 100 mg | 42 |
| clobazam tab 10 mg | 17 | clozapine tab 200 mg | 42 |
| clobazam tab 20 mg | 17 | clozapine tab 25 mg | 42 |
| clobetasol propionate cream 0.05% | 88 | clozapine tab 50 mg | 42 |
| clobetasol propionate emollient base cream 0.05% | 88 | CO-NATAL FA (prenatal vit w/ ferrous fumarate-folic acid) | 95 |
| clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE) | 88 | COAGUCHEK LANCETS | 143 |
| clobetasol propionate gel 0.05% | 88 | COARTEM (artemether-lumefantrine) | 36 |
| clobetasol propionate oint 0.05% | 88 | CODEINE SULFATE | 4 |
| clobetasol propionate shampoo 0.05% | 88 | codeine sulfate tab 30 mg | 4 |
| clobetasol propionate shampoo 0.05% (Clodan) | 88 | colchicine cap 0.6 mg | 28 |
| clobetasol propionate soln 0.05% | 89 | colchicine tab 0.6 mg | 28 |
| CLOMID (clomiphene citrate) | 127 | colchicine w/ probenecid tab 0.5-500 mg (COLCHICINE-PROBENECID) | 28 |
| CLOMIPHENE CITRATE | 127 | colesevelam hcl packet for susp 3.75 gm | 76 |
| clomipramine hcl cap 25 mg | 24 | colesevelam hcl tab 625 mg | 76 |
| clomipramine hcl cap 50 mg | 24 | colestipol hcl granule packets 5 gm | 76 |
| clomipramine hcl cap 75 mg | 24 | colestipol hcl granules 5 gm | 76 |
| clonazepam tab 0.5 mg | 49 | colestipol hcl tab 1 gm | 76 |
| clonazepam tab 1 mg | 49 | COMBIVENT RESPIMAT (ipratropium-albuterol) | 184 |
| clonazepam tab 2 mg | 49 | COMETRIQ (100 MG DAILY DOSE) (cabozantinib s-malate) | 33 |
| clonidine hcl tab 0.1 mg | 58 | COMETRIQ (140 MG DAILY DOSE) (cabozantinib s-malate) | 33 |
| clonidine hcl tab 0.2 mg | 58 | COMETRIQ (60 MG DAILY DOSE) (cabozantinib s-malate) | 33 |
| clonidine hcl tab 0.3 mg | 58 | COMFORT ASSIST INSULIN SYRINGE | 143 |
| clonidine td patch weekly 0.1 mg/24hr | 58 | COMFORT ASSURED LANCETS 28G | 143 |
| clonidine td patch weekly 0.2 mg/24hr | 58 | COMFORT ASSURED LANCETS 33G | 143 |
| clonidine td patch weekly 0.3 mg/24hr | 58 | COMFORT EZ INSULIN SYRINGE | 143 |
| clopidogrel bisulfate tab 75 mg (base equiv) | 57 | COMFORT EZ MICRO PEN NEEDLES | 143 |
| clorazepate dipotassium tab 15 mg | 49 | COMFORT EZ PEN NEEDLES | 143 |
| clorazepate dipotassium tab 3.75 mg | 49 | COMFORT EZ PRO PEN NEEDLES | 143 |
| clorazepate dipotassium tab 7.5 mg | 49 | COMFORT EZ SHORT PEN NEEDLES | 143 |
| clotrimazole troche 10 mg | 26 | COMFORT LANCETS | 143 |
| clotrimazole w/ betamethasone cream 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE) | 91 | COMFORT TOUCH INSULIN PEN NEED | 143 |
| clotrimazole w/ betamethasone lotion 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE) | 91 | COMFORT TOUCH LANCETS 31G | 143 |
| | | COMFORT TOUCH PLUS LANCETS 28G | 143 |

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| COMFORT TOUCH PLUS LANCETS 30G | 143 |
| COMFORT TOUCH TWIST LANCET 30G | 143 |
| COMPACT SPACE CHAMBER | 144 |
| COMPACT SPACE CHAMBER/LG MASK | 144 |
| COMPACT SPACE CHAMBER/MED MASK | 144 |
| COMPACT SPACE CHAMBER/SM MASK | 144 |
| COMPLERA (emtricitabine- rilpivirine-tenofovir disoproxil fumarate) | 44 |
| COMPLETENATE (prenatal vit w/ ferrous fumarate-folic acid) | 95 |
| CONCEPT DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3) | 95 |
| CONCEPT OB (prenatal without a vit w/ fe fum- iron polysacch complex -fa) | 95 |
| CONCERTA (methylphenidate hcl) | 81 |
| CORLANOR (ivabradine hcl) | 71 |
| CORTISONE ACETATE | 107 |
| COSENTYX (300 MG DOSE) (secukinumab) | 130 |
| COSENTYX (secukinumab) | 130 |
| COSENTYX SENSOREADY (300 MG) (secukinumab) | 130 |
| COSENTYX SENSOREADY PEN (secukinumab) | 130 |
| COSENTYX UNOREADY (secukinumab) | 130 |
| CREON (pancrelipase (lipase-protease- amylase)) | 104 |
| CRIVIVAN (indinavir sulfat) | 47 |
| CROMOLYN SODIUM (cromolyn sodium (ophth)) | 176 |
| cromolyn sodium ophth soln 4% | 176 |
| cromolyn sodium oral conc 100 mg/5ml | 103 |
| cromolyn sodium soln nebu 20 mg/2ml | 182 |
| CVS KETONE CARE (urine glucose-ketones test) | 144 |
| CVS LANCETS 21G | 144 |
| CVS LANCETS MICRO THIN 33G | 144 |
| CVS LANCETS ORIGINAL | 144 |
| CVS LANCETS THIN 26G | 144 |
| CVS LANCETS ULTRA THIN 30G | 144 |
| CVS LANCETS ULTRA-THIN 30G | 144 |
| CVS ULTRA THIN LANCETS | 144 |
| cyanocobalamin inj 1000 mcg/ml | 101 |
| cyanocobalamin inj 1000 mcg/ml (Dodex) | 101 |
| cyclobenzaprine hcl tab 10 mg | 186 |
| cyclobenzaprine hcl tab 5 mg | 186 |
| cyclopentolate hcl ophth soln 0.5% | 175 |
| cyclopentolate hcl ophth soln 1% | 175 |
| cyclopentolate hcl ophth soln 2% | 175 |
| CYCLOPHOSPHAMIDE | 31 |
| cyclophosphamide cap 25 mg | 31 |
| cyclophosphamide cap 50 mg | 31 |
| cycloserine cap 250 mg | 30 |
| cyclosporine cap 100 mg | 132 |
| cyclosporine cap 25 mg | 132 |
| cyclosporine modified cap 100 mg | 132 |
| cyclosporine modified cap 100 mg (Gengraf) | 132 |
| cyclosporine modified cap 25 mg | 132 |
| cyclosporine modified cap 25 mg (Gengraf) | 132 |
| cyclosporine modified cap 50 mg | 132 |
| cyclosporine modified oral soln 100 mg/ml | 132 |
| cyclosporine modified oral soln 100 mg/ml (Gengraf) | 132 |
| cyproheptadine hcl syrup 2 mg/5ml | 180 |
| cyproheptadine hcl tab 4 mg | 180 |
| CYSTAGON (cysteamine bitartrate) | 104,105 |
| CYTRA K CRYSTALS (potassium citrate-citric acid) | 106 |
| D | |
| danazol cap 100 mg | 111 |
| danazol cap 200 mg | 111 |
| danazol cap 50 mg | 111 |
| dantrolene sodium cap 100 mg | 42 |
| dantrolene sodium cap 25 mg | 42 |
| dantrolene sodium cap 50 mg | 42 |
| dapsone tab 100 mg | 30 |
| dapsone tab 25 mg | 30 |
| darunavir tab 600 mg | 47 |
| darunavir tab 800 mg | 47 |
| deferasirox tab for oral susp 125 mg | 100 |
| deferasirox tab for oral susp 250 mg | 100 |
| deferasirox tab for oral susp 500 mg | 100 |

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| demeclocycline hcl tab 150 mg | 14 | desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri) | 112 |
| demeclocycline hcl tab 300 mg | 14 | desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq) | 112 |
| DERMA-SMOOTHIE/FS SCALP (fluocinolone acetonide) | 89 | desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred) | 112 |
| DERMOTIC (fluocinolone acetonide (otic)) | 179 | desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL) | 112 |
| DESCOVY (emtricitabine-tenofovir alafenamide fumarate) | 45 | desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette) | 112 |
| desipramine hcl tab 10 mg | 24 | desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce) | 112 |
| desipramine hcl tab 100 mg | 24 | desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom) | 112 |
| desipramine hcl tab 150 mg | 24 | desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber) | 112 |
| desipramine hcl tab 25 mg | 24 | desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga) | 112 |
| desipramine hcl tab 50 mg | 24 | desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen) | 112 |
| desipramine hcl tab 75 mg | 24 | desonide cream 0.05% | 89 |
| desloratadine tab 5 mg | 180 | desonide oint 0.05% | 89 |
| desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY) | 109 | desoximetasone cream 0.05% | 89 |
| desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG) | 109 | desoximetasone cream 0.25% | 89 |
| desmopressin acetate tab 0.1 mg | 109 | desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER) | 22 |
| desmopressin acetate tab 0.2 mg | 109 | desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER) | 22 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette) | 111 | desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER) | 22 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Bekyree) | 112 | DEXAMETHASONE | 107 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL) | 112 | dexamethasone elixir 0.5 mg/5ml | 107 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva) | 112 | DEXAMETHASONE INTENSOL | 107 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtreea) | 112 | DEXAMETHASONE SODIUM PHOSPHATE (dexamethasone sodium phosphate (ophth)) | 177 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya) | 112 | dexamethasone tab 0.5 mg | 108 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele) | 112 | dexamethasone tab 0.5 mg (Decadron) | 108 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea) | 112 | dexamethasone tab 0.75 mg | 108 |
| desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant) | 112 | | |

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| dexamethasone tab 0.75 mg (Decadron) | 108 | dextroamphetamine sulfate cap er 24hr 5 mg (DEXTROAMPHETAMINE SULFATE ER) | 79 |
| dexamethasone tab 1 mg | 108 | dextroamphetamine sulfate tab 10 mg | 79 |
| dexamethasone tab 1.5 mg | 108 | dextroamphetamine sulfate tab 10 mg (Zenedi) | 79 |
| dexamethasone tab 2 mg | 108 | dextroamphetamine sulfate tab 15 mg | 79 |
| dexamethasone tab 4 mg | 108 | dextroamphetamine sulfate tab 15 mg (Zenedi) | 80 |
| dexamethasone tab 4 mg (Decadron) | 108 | dextroamphetamine sulfate tab 2.5 mg | 80 |
| dexamethasone tab 6 mg | 108 | dextroamphetamine sulfate tab 2.5 mg (Zenedi) | 80 |
| dexamethasone tab 6 mg (Decadron) | 108 | dextroamphetamine sulfate tab 20 mg | 80 |
| DEXCOM G5 MOB/G4 PLAT SENSOR | 144 | dextroamphetamine sulfate tab 20 mg (Zenedi) | 80 |
| DEXCOM G5 MOBILE RECEIVER | 144 | dextroamphetamine sulfate tab 30 mg | 80 |
| DEXCOM G5 MOBILE TRANSMITTER | 144 | dextroamphetamine sulfate tab 30 mg (Zenedi) | 80 |
| DEXCOM G5 RECEIVER KIT | 144 | dextroamphetamine sulfate tab 5 mg | 80 |
| DEXCOM G6 RECEIVER | 144 | dextroamphetamine sulfate tab 5 mg (Zenedi) | 80 |
| DEXCOM G6 SENSOR | 144 | dextroamphetamine sulfate tab 7.5 mg | 80 |
| DEXCOM G6 TRANSMITTER | 144 | dextroamphetamine sulfate tab 7.5 mg (Zenedi) | 80 |
| DEXCOM G7 RECEIVER | 144 | DIATHRIVE LANCET ULTRA THIN 30 | 144 |
| DEXCOM G7 SENSOR | 144 | DIATHRIVE LANCETS | 144 |
| dexmethylphenidate hcl cap er 24 hr 10 mg (DEXMETHYLPHENIDATE HCL ER) | 81 | DIATHRIVE PEN NEEDLE | 144 |
| dexmethylphenidate hcl cap er 24 hr 15 mg (DEXMETHYLPHENIDATE HCL ER) | 81 | DIAZEPAM (diazepam (anticonvulsant)) | 17 |
| dexmethylphenidate hcl cap er 24 hr 20 mg (DEXMETHYLPHENIDATE HCL ER) | 81 | diazepam conc 5 mg/ml | 49 |
| dexmethylphenidate hcl cap er 24 hr 25 mg (DEXMETHYLPHENIDATE HCL ER) | 81 | diazepam conc 5 mg/ml (DIAZEPAM INTENSOL) | 49 |
| dexmethylphenidate hcl cap er 24 hr 30 mg (DEXMETHYLPHENIDATE HCL ER) | 82 | diazepam oral soln 1 mg/ml | 50 |
| dexmethylphenidate hcl cap er 24 hr 35 mg (DEXMETHYLPHENIDATE HCL ER) | 82 | diazepam rectal gel delivery system 10 mg | 17 |
| dexmethylphenidate hcl cap er 24 hr 40 mg (DEXMETHYLPHENIDATE HCL ER) | 82 | diazepam rectal gel delivery system 20 mg | 17 |
| dexmethylphenidate hcl cap er 24 hr 5 mg (DEXMETHYLPHENIDATE HCL ER) | 82 | diazepam tab 10 mg | 50 |
| dexmethylphenidate hcl tab 10 mg | 82 | diazepam tab 2 mg | 50 |
| dexmethylphenidate hcl tab 2.5 mg | 82 | diazepam tab 5 mg | 50 |
| dexmethylphenidate hcl tab 5 mg | 82 | diclofenac potassium tab 50 mg | 1 |
| dextroamphetamine sulfate cap er 24hr 10 mg (DEXTROAMPHETAMINE SULFATE ER) | 79 | diclofenac potassium tab 50 mg (Cataflam) | 1 |
| dextroamphetamine sulfate cap er 24hr 15 mg (DEXTROAMPHETAMINE SULFATE ER) | 79 | diclofenac sodium ophth soln 0.1% | 177 |
| | | diclofenac sodium soln 1.5% | 1 |
| | | diclofenac sodium tab delayed release 25 mg | 1 |

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| diclofenac sodium tab delayed release 50 mg . . . 1 | diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt) 65 |
| diclofenac sodium tab delayed release 75 mg . . . 1 | diltiazem hcl coated beads cap er 24hr 120 mg (DILTIAZEM HCL ER COATED BEADS) 65 |
| diclofenac sodium tab er 24hr 100 mg (DICLOFENAC SODIUM ER) 1 | diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt) 65 |
| dicloxacillin sodium cap 250 mg 12 | diltiazem hcl coated beads cap er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS) 65 |
| dicloxacillin sodium cap 500 mg 12 | diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt) 65 |
| dicyclomine hcl cap 10 mg 102 | diltiazem hcl coated beads cap er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS) 65 |
| dicyclomine hcl oral soln 10 mg/5ml 102 | diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt) 65 |
| dicyclomine hcl tab 20 mg 102 | diltiazem hcl coated beads cap er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS) 65 |
| DIDANOSINE 45 | diltiazem hcl coated beads cap er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS) 65 |
| DIETHYLPROPION HCL ER 84 | diltiazem hcl extended release beads cap er 24hr 120 mg (DILTIAZEM HCL ER BEADS) 65 |
| diethylpropion hcl tab 25 mg 84 | diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt) 66 |
| DIFLORASONE DIACETATE 89 | diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er) 66 |
| DIGOXIN 61 | diltiazem hcl extended release beads cap er 24hr 180 mg (DILTIAZEM HCL ER BEADS) 66 |
| digoxin oral soln 0.05 mg/ml 61 | diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt) 66 |
| digoxin tab 125 mcg (0.125 mg) 61 | diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er) 66 |
| digoxin tab 125 mcg (0.125 mg) (Digitek) 61 | diltiazem hcl extended release beads cap er 24hr 240 mg (DILTIAZEM HCL ER BEADS) 66 |
| digoxin tab 250 mcg (0.25 mg) 61 | diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt) 66 |
| digoxin tab 250 mcg (0.25 mg) (Digitek) 61 | diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er) 66 |
| dihydroergotamine mesylate inj 1 mg/ml 28 | diltiazem hcl extended release beads cap er 24hr 300 mg (DILTIAZEM HCL ER BEADS) 66 |
| dihydroergotamine mesylate nasal spray 4 mg/ml 28 | diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt) 66 |
| DILANTIN (phenytoin sodium extended) 19 | |
| DILANTIN (phenytoin) 19 | |
| DILANTIN INFATABS (phenytoin) 19 | |
| DILANTIN-125 (phenytoin) 19 | |
| diltiazem hcl cap er 12hr 120 mg (DILTIAZEM HCL ER) 65 | |
| diltiazem hcl cap er 12hr 60 mg (DILTIAZEM HCL ER) 65 | |
| diltiazem hcl cap er 12hr 90 mg (DILTIAZEM HCL ER) 65 | |
| diltiazem hcl cap er 24hr 120 mg (Dilt-Xr) 65 | |
| diltiazem hcl cap er 24hr 120 mg (DILTIAZEM HCL ER) 65 | |
| diltiazem hcl cap er 24hr 180 mg (Dilt-Xr) 65 | |
| diltiazem hcl cap er 24hr 180 mg (DILTIAZEM HCL ER) 65 | |
| diltiazem hcl cap er 24hr 240 mg (Dilt-Xr) 65 | |
| diltiazem hcl cap er 24hr 240 mg (DILTIAZEM HCL ER) 65 | |

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| diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er) | 66 | diphenoxylate w/ atropine tab 2.5-0.025 mg (DIPHENOXYLATE-ATROPINE) | 102 |
| diltiazem hcl extended release beads cap er 24hr 360 mg (DILTIAZEM HCL ER BEADS) | 66 | DIPHENOXYLATE-ATROPINE (diphenoxylate w/ atropine) | 102 |
| diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt) | 66 | dipyridamole tab 25 mg | 57 |
| diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er) | 66 | dipyridamole tab 50 mg | 58 |
| diltiazem hcl extended release beads cap er 24hr 420 mg (DILTIAZEM HCL ER BEADS) | 66 | dipyridamole tab 75 mg | 58 |
| diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er) | 66 | disopyramide phosphate cap 100 mg | 61 |
| diltiazem hcl tab 120 mg | 66 | disopyramide phosphate cap 150 mg | 61 |
| diltiazem hcl tab 30 mg | 66 | disulfiram tab 250 mg | 8 |
| diltiazem hcl tab 60 mg | 66 | disulfiram tab 500 mg | 8 |
| diltiazem hcl tab 90 mg | 66 | divalproex sodium cap delayed release sprinkle 125 mg | 15 |
| diltiazem hcl tab er 24hr 120 mg (DILTIAZEM HCL ER) | 66 | divalproex sodium tab delayed release 125 mg 15 | |
| diltiazem hcl tab er 24hr 180 mg (DILTIAZEM HCL ER) | 67 | divalproex sodium tab delayed release 250 mg | 15 |
| diltiazem hcl tab er 24hr 180 mg (Matzim La) | 67 | divalproex sodium tab delayed release 500 mg | 15 |
| diltiazem hcl tab er 24hr 240 mg (DILTIAZEM HCL ER) | 67 | divalproex sodium tab er 24 hr 250 mg (DIVALPROEX SODIUM ER) | 15 |
| diltiazem hcl tab er 24hr 240 mg (Matzim La) | 67 | divalproex sodium tab er 24 hr 500 mg (DIVALPROEX SODIUM ER) | 15 |
| diltiazem hcl tab er 24hr 300 mg (DILTIAZEM HCL ER) | 67 | dofetilide cap 125 mcg (0.125 mg) | 61 |
| diltiazem hcl tab er 24hr 300 mg (Matzim La) | 67 | dofetilide cap 250 mcg (0.25 mg) | 61 |
| diltiazem hcl tab er 24hr 360 mg (DILTIAZEM HCL ER) | 67 | dofetilide cap 500 mcg (0.5 mg) | 61 |
| diltiazem hcl tab er 24hr 360 mg (Matzim La) | 67 | donepezil hydrochloride orally disintegrating tab 10 mg (DONEPEZIL HCL) | 20 |
| diltiazem hcl tab er 24hr 420 mg (DILTIAZEM HCL ER) | 67 | donepezil hydrochloride orally disintegrating tab 5 mg (DONEPEZIL HCL) | 20 |
| diltiazem hcl tab er 24hr 420 mg (Matzim La) | 67 | donepezil hydrochloride tab 10 mg (DONEPEZIL HCL) | 20 |
| dimethyl fumarate capsule delayed release 120 mg | 85 | donepezil hydrochloride tab 23 mg (DONEPEZIL HCL) | 20 |
| dimethyl fumarate capsule delayed release 240 mg | 85 | donepezil hydrochloride tab 5 mg (DONEPEZIL HCL) | 20 |
| dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (DIMETHYL FUMARATE STARTER PACK) | 85 | dorzolamide hcl ophth soln 2% | 178 |
| | | DORZOLAMIDE HCL-TIMOLOL MAL (dorzolamide hcl-timolol maleate) | 175 |
| | | dorzolamide hcl-timolol maleate ophth sol 22.3- 6.8 mg/ml pf (DORZOLAMIDE HCL-TIMOLOL MAL PF) | 175 |

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| dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml..... | 175 | drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (DROSPIREN-ETH ESTRAD- LEVOMEFOL)..... | 113 |
| dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (DORZOLAMIDE HCL-TIMOLOL MAL PF)..... | 175 | drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (DROSPIREN-ETH ESTRAD- LEVOMEFOL)..... | 113 |
| doxazosin mesylate tab 1 mg..... | 58 | drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)..... | 113 |
| doxazosin mesylate tab 2 mg..... | 58 | drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)..... | 113 |
| doxazosin mesylate tab 4 mg..... | 58 | drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)..... | 113 |
| doxazosin mesylate tab 8 mg..... | 58 | drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)..... | 113 |
| doxepin hcl cap 10 mg..... | 24 | drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)..... | 113 |
| doxepin hcl cap 100 mg..... | 24 | drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)..... | 113 |
| doxepin hcl cap 150 mg..... | 24 | drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)..... | 113 |
| doxepin hcl cap 25 mg..... | 25 | drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)..... | 113 |
| doxepin hcl cap 50 mg..... | 25 | drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)..... | 113 |
| doxepin hcl cap 75 mg..... | 25 | drospirenone-ethinyl estradiol tab 3-0.03 mg (Zarah)..... | 113 |
| doxepin hcl conc 10 mg/ml..... | 25 | drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)..... | 113 |
| doxycycline hyclate cap 100 mg..... | 14 | DROXIA (hydroxyurea (sickle cell disease))... | 105 |
| doxycycline hyclate cap 100 mg (Morgidox) ... | 14 | DRUG MART LANCETS THIN 26G..... | 145 |
| doxycycline hyclate cap 50 mg..... | 14 | DRUG MART ON-THE-GO LANCET 30G..... | 145 |
| doxycycline hyclate tab 100 mg..... | 14 | DRUG MART UNIFINE PENTIPS..... | 145 |
| doxycycline hyclate tab 100 mg (Lymepak) ... | 14 | DRUG MART UNIFINE PENTIPS PLUS..... | 145 |
| doxycycline hyclate tab 20 mg..... | 14 | DRUG MART UNILET LANCETS 28G..... | 145 |
| doxycycline monohydrate cap 100 mg..... | 14 | DRUG MART UNILET LANCETS 30G..... | 145 |
| doxycycline monohydrate cap 100 mg (Mondoxyn NI)..... | 14 | DRUG MART UNILET LANCETS 33G..... | 145 |
| doxycycline monohydrate cap 50 mg..... | 14 | DUEXIS (ibuprofen-famotidine)..... | 1 |
| doxycycline monohydrate for susp 25 mg/5ml. | 14 | duloxetine hcl enteric coated pellets cap 20 mg (base eq)..... | 84 |
| doxycycline monohydrate tab 100 mg..... | 15 | | |
| doxycycline monohydrate tab 100 mg (Avidoxy)..... | 15 | | |
| doxycycline monohydrate tab 150 mg..... | 15 | | |
| doxycycline monohydrate tab 50 mg..... | 15 | | |
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| DROPLET INSULIN SYRINGE..... | 145 | | |
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| duloxetine hcl enteric coated pellets cap 40 mg (base eq) | 84 |
| duloxetine hcl enteric coated pellets cap 60 mg (base eq) | 84 |
| DUPIXENT (dupilumab) | 130 |
| dutasteride cap 0.5 mg | 106 |
| DYANAVEL XR (amphetamine) | 80 |

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| EASY COMFORT LANCETS | 146 |
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| EASY TOUCH LANCETS 21G | 147 |
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| EASY TOUCH LANCETS 30G | 147 |
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| EASY TOUCH LANCETS 32G | 147 |
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| EASY TOUCH PEN NEEDLES | 147 |
| EASY TOUCH SAFETY LANCETS 21G | 147 |
| EASY TOUCH SAFETY LANCETS 23G | 147 |
| EASY TOUCH SAFETY LANCETS 26G | 147 |
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| EASY TOUCH SHEATHLOCK SYRINGE | 147 |
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| EFAVIRENZ | 44 |
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| efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (EFAVIRENZ-EMTRICITAB-TENOFO DF) | 44 |
| efavirenz-lamivudine-tenofovir df tab 400-300-300 mg | 44 |
| efavirenz-lamivudine-tenofovir df tab 600-300-300 mg | 44 |
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| ELIQUIS DVT/PE STARTER PACK (apixaban) | 55 |
| ELITE-OB (prenatal vit w/ iron carbonyl-folic acid) | 95 |
| ELITE-THIN INSULIN SYRINGE | 148 |
| ELLA (ulipristal acetate) | 126 |
| ELMIRON (pentosan polysulfate sodium) | 106 |
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| EMBRACE PEN NEEDLES | 148 |
| EMBRACE PRESSURE ACTIVATED 21G | 148 |
| EMBRACE PRESSURE ACTIVATED 28G | 148 |
| EMGALITY (galcanezumab-gnlm) | 28 |
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| emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (EMTRICITABINE-TENOFOVIR DF) | 45 |
| emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (EMTRICITABINE-TENOFOVIR DF) | 45 |
| emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (EMTRICITABINE-TENOFOVIR DF) | 45 |
| emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (EMTRICITABINE-TENOFOVIR DF) | 46 |

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| enalapril maleate & hydrochlorothiazide tab 10-25 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE)..... | 71 | EPIPEN 2-PAK (epinephrine (anaphylaxis))... .. | 182 |
| enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE)..... | 71 | EPIPEN JR 2-PAK (epinephrine (anaphylaxis))..... | 182 |
| enalapril maleate tab 10 mg..... | 60 | eplerenone tab 25 mg..... | 74 |
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| ENBREL SURECLICK (etanercept)..... | 133 | EQL COLOR LANCETS 21G..... | 148 |
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| enoxaparin sodium inj soln pref syr 100 mg/ml..... | 55 | EQL SUPER THIN LANCETS 30G..... | 148 |
| enoxaparin sodium inj soln pref syr 120 mg/0.8ml..... | 55 | EQL THIN LANCETS 26G..... | 148 |
| enoxaparin sodium inj soln pref syr 150 mg/ml..... | 55 | ergocalciferol cap 1.25 mg (50000 unit)..... | 135 |
| enoxaparin sodium inj soln pref syr 30 mg/0.3ml..... | 55 | ergocalciferol cap 1.25 mg (50000 unit) (VITAMIN D (ERGOCALCIFEROL))..... | 135 |
| enoxaparin sodium inj soln pref syr 40 mg/0.4ml..... | 55 | ERGOLOID MESYLATES..... | 20 |
| enoxaparin sodium inj soln pref syr 60 mg/0.6ml..... | 55 | ERGOTAMINE-CAFFEINE (ergotamine w/ caffeine)..... | 28 |
| enoxaparin sodium inj soln pref syr 80 mg/0.8ml..... | 56 | ERLEADA (apalutamide)..... | 31 |
| ENSTILAR (calcipotriene-betamethasone dipropionate)..... | 91 | erlotinib hcl tab 100 mg (base equivalent).... | 33 |
| entacapone tab 200 mg..... | 37 | erlotinib hcl tab 150 mg (base equivalent).... | 33 |
| entecavir tab 0.5 mg..... | 43 | erlotinib hcl tab 25 mg (base equivalent).... | 33 |
| entecavir tab 1 mg..... | 43 | ERY (erythromycin (acne aid))..... | 94 |
| ENTRESTO (sacubitril-valsartan)..... | 71 | ERYTHROMYCIN (erythromycin (ophth))..... | 176 |
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| epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)..... | 181 | erythromycin soln 2%..... | 94 |
| | | erythromycin tab 250 mg (ERYTHROMYCIN BASE)..... | 13 |
| | | erythromycin tab 500 mg (ERYTHROMYCIN BASE)..... | 13 |
| | | erythromycin tab delayed release 250 mg.... | 13 |
| | | erythromycin tab delayed release 250 mg (Ery-Tab)..... | 13 |
| | | erythromycin tab delayed release 250 mg (ERYTHROMYCIN BASE)..... | 13 |

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| erythromycin tab delayed release 333 mg | 13 | estradiol & norethindrone acetate tab 0.5-0.1 mg (ESTRADIOL-NORETHINDRONE ACET) . | 126 |
| erythromycin tab delayed release 333 mg (Ery-Tab) | 13 | estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz) | 126 |
| erythromycin tab delayed release 333 mg (ERYTHROMYCIN BASE) | 13 | estradiol & norethindrone acetate tab 1-0.5 mg (ESTRADIOL-NORETHINDRONE ACET) | 126 |
| erythromycin tab delayed release 500 mg | 13 | estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza) | 126 |
| erythromycin tab delayed release 500 mg (Ery-Tab) | 13 | estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey) | 126 |
| erythromycin tab delayed release 500 mg (ERYTHROMYCIN BASE) | 13 | estradiol tab 0.5 mg | 114 |
| escitalopram oxalate soln 5 mg/5ml (base equiv) | 22 | estradiol tab 1 mg | 114 |
| escitalopram oxalate tab 10 mg (base equiv) . | 22 | estradiol tab 2 mg | 114 |
| escitalopram oxalate tab 20 mg (base equiv) . | 22 | estradiol td patch twice weekly 0.025 mg/24hr | 114 |
| escitalopram oxalate tab 5 mg (base equiv) . | 22 | estradiol td patch twice weekly 0.025 mg/24hr (Dotti) | 114 |
| estazolam tab 1 mg | 187 | estradiol td patch twice weekly 0.025 mg/24hr (Lyllana) | 114 |
| estazolam tab 2 mg | 187 | estradiol td patch twice weekly 0.0375 mg/24hr | 114 |
| esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs) | 113 | estradiol td patch twice weekly 0.0375 mg/24hr (Dotti) | 114 |
| esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs) | 113 | estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana) | 114 |
| esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS) | 113 | estradiol td patch twice weekly 0.05 mg/24hr | 114 |
| esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST) | 114 | estradiol td patch twice weekly 0.05 mg/24hr (Dotti) | 114 |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx) | 114 | estradiol td patch twice weekly 0.05 mg/24hr (Lyllana) | 114 |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt) | 114 | estradiol td patch twice weekly 0.075 mg/24hr | 114 |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS) | 114 | estradiol td patch twice weekly 0.075 mg/24hr (Dotti) | 114 |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST) . | 114 | estradiol td patch twice weekly 0.075 mg/24hr (Lyllana) | 115 |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.) | 114 | estradiol td patch twice weekly 0.1 mg/24hr . | 115 |
| estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz) | 126 | estradiol td patch twice weekly 0.1 mg/24hr (Dotti) | 115 |
| | | estradiol td patch twice weekly 0.1 mg/24hr (Lyllana) | 115 |

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| estradiol td patch weekly 0.025 mg/24hr | 115 | etodolac tab er 24hr 500 mg (ETODOLAC ER) . . . | 1 |
| estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) | 115 | etodolac tab er 24hr 600 mg (ETODOLAC ER) . . . | 1 |
| estradiol td patch weekly 0.05 mg/24hr | 115 | etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring) | 116 |
| estradiol td patch weekly 0.06 mg/24hr | 115 | etonogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr | 116 |
| estradiol td patch weekly 0.075 mg/24hr | 115 | etonogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr (Eluryng) | 116 |
| estradiol vaginal cream 0.1 mg/gm | 115 | etonogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr (Enilloring) | 116 |
| estradiol vaginal tab 10 mcg | 115 | etonogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr (Haloette) | 116 |
| estradiol vaginal tab 10 mcg (Yuvafem) | 115 | ETOPOSIDE | 33 |
| estradiol valerate im in oil 10 mg/ml | 115 | etravirine tab 100 mg | 44 |
| estradiol valerate im in oil 20 mg/ml | 115 | etravirine tab 200 mg | 45 |
| estradiol valerate im in oil 40 mg/ml | 115 | EUCRISA (crisaborole) | 89 |
| ESTRING (estradiol vaginal) | 115 | everolimus tab 10 mg | 33 |
| eszopiclone tab 1 mg | 187 | everolimus tab 10 mg (Torpenz) | 33 |
| eszopiclone tab 2 mg | 187 | everolimus tab 2.5 mg | 33 |
| eszopiclone tab 3 mg | 187 | everolimus tab 2.5 mg (Torpenz) | 33 |
| ethacrynic acid tab 25 mg | 74 | everolimus tab 5 mg | 33 |
| ethambutol hcl tab 100 mg | 30 | everolimus tab 5 mg (Torpenz) | 33 |
| ethambutol hcl tab 400 mg | 30 | everolimus tab 7.5 mg | 33 |
| ethosuximide cap 250 mg | 17 | everolimus tab 7.5 mg (Torpenz) | 33 |
| ethosuximide soln 250 mg/5ml | 17 | everolimus tab for oral susp 2 mg | 33 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL) | 115 | everolimus tab for oral susp 3 mg | 33 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35) | 115 | everolimus tab for oral susp 5 mg | 33 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28)) | 115 | EXEL COMFORT POINT INSULIN SYR | 149 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28)) | 115 | EXEL COMFORT POINT PEN NEEDLE | 149 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL) | 115 | exemestane tab 25 mg | 33 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50) | 115 | EXTAVIA (interferon beta-1b) | 85 |
| etodolac cap 200 mg | 1 | EZ-LETS LANCETS 21G | 149 |
| etodolac cap 300 mg | 1 | EZ-LETS LANCETS 26G | 149 |
| etodolac tab 400 mg | 1 | EZ-LETS LANCETS 28G | 149 |
| etodolac tab 500 mg | 1 | EZ-LETS LANCETS 30G | 149 |
| etodolac tab er 24hr 400 mg (ETODOLAC ER) . . . | 1 | ezetimibe tab 10 mg | 76 |
| | | ezetimibe-simvastatin tab 10-10 mg | 77 |
| | | ezetimibe-simvastatin tab 10-20 mg | 77 |
| | | ezetimibe-simvastatin tab 10-40 mg | 77 |
| | | ezetimibe-simvastatin tab 10-80 mg | 77 |

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| famciclovir tab 125 mg | 48 | FIASP PENFILL (insulin aspart (with niacinamide)) | 54 |
| famciclovir tab 250 mg | 48 | FIASP PUMPCART (insulin aspart (with niacinamide)) | 54 |
| famciclovir tab 500 mg | 48 | FIFTY50 PEN NEEDLES | 149 |
| famotidine for susp 40 mg/5ml | 104 | FIFTY50 SAFETY SEAL LANCETS | 149 |
| famotidine tab 40 mg | 104 | FIFTY50 SUPERIOR COMFORT SYR | 149 |
| FARXIGA (dapagliflozin propanediol) | 77 | FIFTY50 UNILET LANCETS 33G | 149 |
| felbamate tab 400 mg | 15 | finasteride tab 5 mg | 106 |
| felbamate tab 600 mg | 15 | FINE 30 | 149 |
| felodipine tab er 24hr 10 mg (FELODIPINE ER) | 64 | FINGERSTIX LANCETS | 149 |
| felodipine tab er 24hr 2.5 mg (FELODIPINE ER) | 64 | ingolimod hcl cap 0.5 mg (base equiv) | 85 |
| felodipine tab er 24hr 5 mg (FELODIPINE ER) | 64 | flavoxate hcl tab 100 mg | 105 |
| FEMCAP (cervical caps) | 149 | flecainide acetate tab 100 mg | 61 |
| fenofibrate micronized cap 134 mg | 75 | flecainide acetate tab 150 mg | 61 |
| fenofibrate micronized cap 200 mg | 75 | flecainide acetate tab 50 mg | 61 |
| fenofibrate micronized cap 67 mg | 75 | FLEXICHAMBER | 149 |
| fenofibrate tab 145 mg | 75 | FLEXICHAMBER ADULT MASK/SMALL | 149 |
| fenofibrate tab 48 mg | 75 | FLEXICHAMBER CHILD MASK/LARGE | 149 |
| fenofibrate tab 54 mg | 75 | FLEXICHAMBER CHILD MASK/SMALL | 149 |
| fentanyl citrate lozenge on a handle 1200 mcg | 4 | fluconazole for susp 10 mg/ml | 27 |
| fentanyl citrate lozenge on a handle 1600 mcg | 5 | fluconazole for susp 40 mg/ml | 27 |
| fentanyl citrate lozenge on a handle 200 mcg | 5 | fluconazole tab 100 mg | 27 |
| fentanyl citrate lozenge on a handle 400 mcg | 5 | fluconazole tab 150 mg | 27 |
| fentanyl citrate lozenge on a handle 600 mcg | 5 | fluconazole tab 200 mg | 27 |
| fentanyl citrate lozenge on a handle 800 mcg | 5 | fluconazole tab 50 mg | 27 |
| fentanyl td patch 72hr 100 mcg/hr | 2 | fludrocortisone acetate tab 0.1 mg | 108 |
| fentanyl td patch 72hr 12 mcg/hr | 2 | flunisolide nasal soln 25 mcg/act (0.025%) | 184 |
| fentanyl td patch 72hr 25 mcg/hr | 3 | fluocinolone acetonide cream 0.01% | 89 |
| fentanyl td patch 72hr 50 mcg/hr | 3 | fluocinolone acetonide cream 0.025% | 89 |
| fentanyl td patch 72hr 75 mcg/hr | 3 | fluocinolone acetonide oil 0.01% (body oil) (FLUOCINOLONE ACETONIDE BODY) | 89 |
| fesoterodine fumarate tab er 24hr 4 mg (FESOTERODINE FUMARATE ER) | 105 | fluocinolone acetonide oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP) | 89 |
| fesoterodine fumarate tab er 24hr 8 mg (FESOTERODINE FUMARATE ER) | 105 | fluocinolone acetonide oint 0.025% | 89 |
| FIASP (insulin aspart (with niacinamide)) | 54 | fluocinolone acetonide soln 0.01% | 89 |
| FIASP FLEXTOUCH (insulin aspart (with niacinamide)) | 54 | FLUOCINONIDE | 89 |
| | | fluocinonide cream 0.05% | 89 |
| | | fluocinonide emulsified base cream 0.05% | 89 |
| | | fluocinonide gel 0.05% | 89 |
| | | fluocinonide oint 0.05% | 89 |

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| fluocinonide soln 0.05% | 89 | FORA GTEL BLOOD KETONE TEST (ketone blood test) | 149 |
| fluorometholone ophth susp 0.1% | 177 | FORA LANCETS | 149 |
| FLUOROURACIL (fluorouracil (topical)) | 91 | FORA TEST N'GO ADV-VOICE-6 CON (ketone blood test) | 149 |
| fluorouracil cream 5% | 91 | fosamprenavir calcium tab 700 mg (base equiv) | 47 |
| FLUOXETINE HCL | 23 | fosfomycin tromethamine powd pack 3 gm (base equivalent) | 9 |
| FLUOXETINE HCL (PMDD) | 23 | fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg (FOSINOPRIL SODIUM-HCTZ) | 71 |
| fluoxetine hcl cap 10 mg | 23 | fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg (FOSINOPRIL SODIUM-HCTZ) | 71 |
| fluoxetine hcl cap 20 mg | 23 | fosinopril sodium tab 10 mg | 60 |
| fluoxetine hcl cap 40 mg | 23 | fosinopril sodium tab 20 mg | 60 |
| fluoxetine hcl solution 20 mg/5ml | 23 | fosinopril sodium tab 40 mg | 60 |
| fluoxetine hcl tab 10 mg | 23 | FREDS PHARMACY UNIFINE PENTIP+ | 149 |
| fluoxetine hcl tab 20 mg | 23 | FREDS PHARMACY UNIFINE PENTIPS | 150 |
| fluphenazine hcl tab 1 mg | 39 | FREDS PHARMACY UNILET LANC 28G | 150 |
| fluphenazine hcl tab 10 mg | 39 | FREDS PHARMACY UNILET LANC 30G | 150 |
| fluphenazine hcl tab 2.5 mg | 39 | FREESTYLE LANCETS | 150 |
| fluphenazine hcl tab 5 mg | 40 | FREESTYLE PRECISION INS SYR | 150 |
| FLURBIPROFEN | 2 | FREESTYLE UNISTICK II LANCETS | 150 |
| FLURBIPROFEN SODIUM | 177 | FUROSEMIDE | 74 |
| flurbiprofen tab 100 mg | 2 | furosemide oral soln 10 mg/ml | 74 |
| flurbiprofen tab 50 mg | 2 | furosemide tab 20 mg | 74 |
| FLUTAMIDE | 31 | furosemide tab 40 mg | 74 |
| flutamide cap 125 mg | 31 | furosemide tab 80 mg | 74 |
| fluticasone propionate cream 0.05% | 89 | FUZEON (enfuvirtide) | 46 |
| fluticasone propionate nasal susp 50 mcg/act | 184 | FYCOMPA (perampanel) | 15,16 |
| fluticasone propionate oint 0.005% | 89 | | |
| fluvastatin sodium cap 20 mg (base equivalent) | 75 | G | |
| fluvastatin sodium cap 40 mg (base equivalent) | 75 | gabapentin cap 100 mg | 17 |
| fluvoxamine maleate tab 100 mg | 23 | gabapentin cap 300 mg | 17 |
| fluvoxamine maleate tab 25 mg | 23 | gabapentin cap 400 mg | 18 |
| fluvoxamine maleate tab 50 mg | 23 | gabapentin oral soln 250 mg/5ml | 18 |
| folic acid tab 1 mg | 101 | gabapentin tab 600 mg | 18 |
| folic acid tab 1 mg (KP FOLIC ACID) | 101 | gabapentin tab 800 mg | 18 |
| folic acid tab 1 mg (TRUE FOLIC ACID) | 101 | galantamine hydrobromide cap er 24hr 16 mg (GALANTAMINE HYDROBROMIDE ER) | 20 |
| FOLIVANE-OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa) | 95 | | |
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| galantamine hydrobromide cap er 24hr 8 mg (GALANTAMINE HYDROBROMIDE ER)..... | 20 | glipizide tab 5 mg..... | 51 |
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| gemfibrozil tab 600 mg..... | 75 | glipizide-metformin hcl tab 2.5-500 mg..... | 51 |
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| gentamicin sulfate oint 0.1%..... | 9 | GLOBAL INJECT EASE INSULIN SYR..... | 150 |
| gentamicin sulfate ophth soln 0.3%..... | 177 | GLOBAL INJECT EASE LANCETS 28G..... | 150 |
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| griseofulvin microsize susp 125 mg/5ml..... | 27 | haloperidol tab 1 mg..... | 40 |
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| heparin sodium (porcine) inj 10000 unit/ml | 56 | hydrochlorothiazide tab 25 mg | 74 |
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| HUMIRA-PED>/=40KG CROHNS START (adalimumab) | 133 | hydrocortisone butyrate oint 0.1% | 90 |
| HUMIRA-PED>/=40KG UC STARTER (adalimumab) | 133 | hydrocortisone butyrate soln 0.1% | 90 |
| HUMIRA-PS/UV/ADOL HS STARTER (adalimumab) | 133 | hydrocortisone cream 2.5% | 90 |
| HUMULIN R U-500 (CONCENTRATED) (insulin regular (human)) | 54 | hydrocortisone cream 2.5% (Ala-Cort) | 90 |
| HUMULIN R U-500 KWIKPEN (insulin regular (human)) | 54 | hydrocortisone enema 100 mg/60ml | 135 |
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| hydralazine hcl tab 25 mg | 78 | | |

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| hydroxychloroquine sulfate tab 300 mg..... | 36 | ibuprofen tab 800 mg..... | 2 |
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| INCRUSE ELLIPTA (umeclidinium bromide) | 181 | isosorbide dinitrate tab 20 mg | 78 |
| indapamide tab 1.25 mg | 75 | isosorbide dinitrate tab 30 mg | 78 |
| indapamide tab 2.5 mg | 75 | isosorbide dinitrate tab 40 mg | 78 |
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| levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Rivelsa)..... | 116 | levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)..... | 117 |
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| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo)..... | 116 | levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)..... | 117 |
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| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)..... | 116 | levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)..... | 117 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)..... | 116 | levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienna)..... | 117 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)..... | 116 | levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Altavera)..... | 117 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY)..... | 116 | levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Ayuna)..... | 118 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)..... | 116 | levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Chateal Eq)..... | 118 |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)..... | 117 | levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Chateal)..... | 118 |
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| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28)) | 118 | levothyroxine sodium tab 137 mcg (Levoxyl) | 128 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow) | 118 | levothyroxine sodium tab 150 mcg | 128 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa) | 118 | levothyroxine sodium tab 150 mcg (Euthyrox) | 128 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28) | 118 | levothyroxine sodium tab 150 mcg (Levoxyl) | 128 |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28) | 118 | levothyroxine sodium tab 175 mcg | 128 |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest) | 118 | levothyroxine sodium tab 175 mcg (Euthyrox) | 128 |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONORG-ETH ESTRAD TRIPHASIC) | 118 | levothyroxine sodium tab 175 mcg (Levoxyl) | 128 |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28)) | 118 | levothyroxine sodium tab 200 mcg | 128 |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg | 118 | levothyroxine sodium tab 200 mcg (Euthyrox) | 128 |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst) | 118 | levothyroxine sodium tab 200 mcg (Levoxyl) | 128 |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale) | 118 | levothyroxine sodium tab 25 mcg | 128 |
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| levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (LEVONORGEST-ETH ESTRADIOL-IRON) | 118 | levothyroxine sodium tab 25 mcg (Levoxyl) | 128 |
| levothyroxine sodium tab 100 mcg | 127 | levothyroxine sodium tab 300 mcg | 128 |
| levothyroxine sodium tab 100 mcg (Euthyrox) | 127 | levothyroxine sodium tab 50 mcg | 128 |
| levothyroxine sodium tab 100 mcg (Levoxyl) | 127 | levothyroxine sodium tab 50 mcg (Euthyrox) | 128 |
| levothyroxine sodium tab 112 mcg | 127 | levothyroxine sodium tab 50 mcg (Levoxyl) | 128 |
| levothyroxine sodium tab 112 mcg (Euthyrox) | 127 | levothyroxine sodium tab 75 mcg | 128 |
| levothyroxine sodium tab 112 mcg (Levoxyl) | 127 | levothyroxine sodium tab 75 mcg (Euthyrox) | 128 |
| levothyroxine sodium tab 125 mcg | 127 | levothyroxine sodium tab 75 mcg (Levoxyl) | 128 |
| levothyroxine sodium tab 125 mcg (Euthyrox) | 127 | levothyroxine sodium tab 88 mcg | 128 |
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| | | lidocaine hcl urethral/mucosal gel prefilled syringe 2% | 7 |
| | | lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo) | 7 |
| | | lidocaine hcl viscous soln 2% (LIDOCAINE VISCOUS HCL) | 7 |
| | | lidocaine oint 5% | 7 |
| | | lidocaine oint 5% (PREMIUM LIDOCAINE) | 7 |
| | | lidocaine patch 5% | 7 |
| | | lidocaine patch 5% (LIDOCAN) | 7 |
| | | lidocaine patch 5% (Lidocan) | 7 |
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| liothyronine sodium tab 25 mcg..... | 128 | lithium carbonate cap 600 mg..... | 50 |
| liothyronine sodium tab 5 mcg..... | 128 | lithium carbonate tab 300 mg..... | 50 |
| liothyronine sodium tab 50 mcg..... | 128 | lithium carbonate tab er 300 mg (LITHIUM CARBONATE ER)..... | 50 |
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| lisdexamfetamine dimesylate cap 70 mg..... | 80 | LOMAIRA (phentermine hcl)..... | 84 |
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| lurasidone hcl tab 20 mg | 41 | MEDLANCE UNIVERSAL 21G | 157 |
| lurasidone hcl tab 40 mg | 41 | medroxyprogesterone acetate tab 10 mg | 126 |
| lurasidone hcl tab 60 mg | 41 | medroxyprogesterone acetate tab 2.5 mg | 126 |
| lurasidone hcl tab 80 mg | 41 | medroxyprogesterone acetate tab 5 mg | 126 |
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| LYSODREN (mitotane) | 32 | megestrol acetate susp 40 mg/ml | 126 |
| | | megestrol acetate tab 20 mg | 126 |
| | | megestrol acetate tab 40 mg | 126 |
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| | | meloxicam tab 7.5 mg | 2 |
| | | memantine hcl oral solution 2 mg/ml | 21 |
| | | memantine hcl tab 10 mg | 21 |
| | | memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack | 21 |
| | | memantine hcl tab 5 mg | 21 |
| | | MENOPUR (menotropins) | 110 |
| | | meperidine hcl tab 50 mg | 5 |
| | | mercaptopurine tab 50 mg | 32 |
| | | mesalamine cap er 24hr 0.375 gm (MESALAMINE ER) | 134 |
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| mafenide acetate packet for topical soln 5% (50 gm) | 94 |
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| MARATHON MEDICAL PENTIPS | 156 |
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| methadone hcl conc 10 mg/ml (Methadone Hcl Intensol) | 3 | methylphenidate hcl cap er 24hr 20 mg (la) (METHYLPHENIDATE HCL ER (LA)) | 82 |
| methadone hcl soln 10 mg/5ml | 3 | methylphenidate hcl cap er 24hr 30 mg (la) (METHYLPHENIDATE HCL ER (LA)) | 82 |
| methadone hcl soln 5 mg/5ml | 3 | methylphenidate hcl cap er 24hr 40 mg (la) (METHYLPHENIDATE HCL ER (LA)) | 82 |
| methadone hcl tab 10 mg | 3 | methylphenidate hcl cap er 24hr 60 mg (la) (METHYLPHENIDATE HCL ER (LA)) | 82 |
| methadone hcl tab 5 mg | 3 | methylphenidate hcl chew tab 10 mg | 82 |
| methadone hcl tab for oral susp 40 mg | 3 | methylphenidate hcl chew tab 2.5 mg | 82 |
| methadone hcl tab for oral susp 40 mg (Methadose) | 3 | methylphenidate hcl chew tab 5 mg | 82 |
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| methocarbamol tab 750 mg | 186 | methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER (OSM)) | 83 |
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| methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) | 134 | methylprednisolone tab 32 mg | 108 |
| methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (METHOTREXATE SODIUM (PF)) | 134 | methylprednisolone tab 4 mg | 108 |
| methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (METHOTREXATE SODIUM (PF)) | 134 | | |
| methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (METHOTREXATE SODIUM (PF)) | 134 | | |
| methotrexate sodium tab 2.5 mg (base equiv) | 134 | | |

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| methylprednisolone tab 8 mg | 108 | metronidazole gel 1% | 108 |
| methylprednisolone tab therapy pack 4 mg (21) | 108 | metronidazole lotion 0.75% | 10 |
| metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) | 25 | metronidazole tab 250 mg | 10 |
| metoclopramide hcl tab 10 mg (base equivalent) | 25 | metronidazole tab 500 mg | 10 |
| metoclopramide hcl tab 5 mg (base equivalent) | 25 | metronidazole vaginal gel 0.75% | 10 |
| metolazone tab 10 mg | 75 | mexiletine hcl cap 150 mg | 61 |
| metolazone tab 2.5 mg | 75 | mexiletine hcl cap 200 mg | 61 |
| metolazone tab 5 mg | 75 | mexiletine hcl cap 250 mg | 61 |
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| metoprolol tartrate tab 50 mg | 63 | minocycline hcl cap 100 mg | 15 |
| metoprolol tartrate tab 75 mg | 63 | minocycline hcl cap 50 mg | 15 |
| metronidazole cream 0.75% | 9 | minocycline hcl cap 75 mg | 15 |
| metronidazole cream 0.75% (Rosadan) | 9 | minoxidil tab 10 mg | 78 |
| metronidazole gel 0.75% | 9 | minoxidil tab 2.5 mg | 78 |
| metronidazole gel 0.75% (Rosadan) | 9 | mirtazapine orally disintegrating tab 15 mg . . | 21 |
| | | mirtazapine orally disintegrating tab 30 mg . . | 21 |
| | | mirtazapine orally disintegrating tab 45 mg . . | 21 |
| | | mirtazapine tab 15 mg | 21 |
| | | mirtazapine tab 30 mg | 21 |
| | | mirtazapine tab 45 mg | 21 |
| | | mirtazapine tab 7.5 mg | 21 |
| | | misoprostol tab 100 mcg | 110 |
| | | misoprostol tab 200 mcg | 110 |
| | | MM INSULIN SYRINGE/NEEDLE | 158 |
| | | MM PEN NEEDLES | 158 |
| | | MM TWIST LANCETS | 158 |
| | | modafinil tab 100 mg | 187 |
| | | modafinil tab 200 mg | 187 |
| | | mometasone furoate cream 0.1% | 90 |
| | | mometasone furoate oint 0.1% | 90 |
| | | mometasone furoate solution 0.1% (lotion) . . | 90 |
| | | MONOJECT INSULIN SYRINGE | 158 |

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| MONOJECT ULTRA COMFORT SYRINGE | 158 | MULTIVITAMIN W/FLUORIDE (pediatric multivitamins w/fl) | 95 |
| MONOLET LANCETS | 158 | MULTIVITAMIN/FLUORIDE (pediatric multivitamins w/fl) | 95,96 |
| MONOLET OPD LANCETS | 158 | mupirocin oint 2% | 94 |
| MONOLETTOR SAFETY LANCETS | 158 | MYALEPT (metreleptin) | 105 |
| montelukast sodium chew tab 4 mg (base equiv) | 180 | mycophenolate mofetil cap 250 mg | 134 |
| montelukast sodium chew tab 5 mg (base equiv) | 180 | mycophenolate mofetil for oral susp 200 mg/ml | 134 |
| montelukast sodium oral granules packet 4 mg (base equiv) | 180 | mycophenolate mofetil tab 500 mg | 134 |
| montelukast sodium tab 10 mg (base equiv) . | 180 | mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) | 134 |
| MORPHINE SULFATE | 5,6 | mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) | 134 |
| morphine sulfate oral soln 10 mg/5ml | 6 | MYDAYIS (amphetamine- dextroamphetamine) | 81 |
| morphine sulfate oral soln 20 mg/5ml | 6 | MYGLUCOHEALTH LANCETS 30G | 158 |
| morphine sulfate tab 15 mg | 6 | | |
| morphine sulfate tab 30 mg | 6 | N | |
| morphine sulfate tab er 100 mg (MORPHINE SULFATE ER) | 3 | nabumetone tab 500 mg | 2 |
| morphine sulfate tab er 15 mg (MORPHINE SULFATE ER) | 3 | nabumetone tab 750 mg | 2 |
| morphine sulfate tab er 200 mg (MORPHINE SULFATE ER) | 3 | nadolol tab 20 mg | 63 |
| morphine sulfate tab er 30 mg (MORPHINE SULFATE ER) | 3 | nadolol tab 40 mg | 63 |
| morphine sulfate tab er 60 mg (MORPHINE SULFATE ER) | 3 | nadolol tab 80 mg | 63 |
| MOUNJARO (tirzepatide) | 52 | NAFRINSE DROPS (sodium fluoride) | 96 |
| MOVANTIK (naloxegol oxalate) | 102 | NALOXONE HCL | 8 |
| moxifloxacin hcl ophth soln 0.5% (base equiv) | 177 | naloxone hcl inj 0.4 mg/ml | 8 |
| moxifloxacin hcl tab 400 mg (base equiv) | 14 | naloxone hcl inj 4 mg/10ml | 8 |
| MPD SAFETY LANCET 21G | 158 | naloxone hcl nasal spray 4 mg/0.1ml | 8 |
| MPD SAFETY LANCET 23G | 158 | naloxone hcl soln prefilled syringe 2 mg/2ml | 8 |
| MPD SAFETY LANCET 28G | 158 | naltrexone hcl tab 50 mg | 8 |
| MPD SAFETY LANCET 30G | 158 | naproxen tab 250 mg | 2 |
| MS INSULIN SYRINGE | 158 | naproxen tab 375 mg | 2 |
| MULTAQ (dronedarone hcl) | 61 | naproxen tab 500 mg | 2 |
| MULTI-VIT-FLOR (pediatric multivitamins w/fl) | 95 | naproxen tab ec 375 mg | 2 |
| MULTI-VITAMIN/FLUORIDE (pediatric multivitamins w/fl) | 95 | naproxen tab ec 375 mg (EC-NAPROXEN) | 2 |
| | | naproxen tab ec 500 mg | 2 |
| | | naproxen tab ec 500 mg (EC-NAPROXEN) | 2 |
| | | naproxen tab ec 500 mg (NAPROXEN DR) | 2 |
| | | naratriptan hcl tab 1 mg (base equiv) | 29 |
| | | naratriptan hcl tab 2.5 mg (base equiv) | 29 |

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| NATAZIA (estradiol valerate-dienogest) | 119 | niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERSLIPIDEMIC)) | 77 |
| nateglinide tab 120 mg | 52 | niacin tab er 750 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERSLIPIDEMIC)) | 77 |
| nateglinide tab 60 mg | 52 | NIACOR (niacin (antihyperlipidemic)) | 77 |
| nebivolol hcl tab 10 mg (base equivalent) | 63 | nicardipine hcl cap 20 mg | 64 |
| nebivolol hcl tab 2.5 mg (base equivalent) | 63 | nicardipine hcl cap 30 mg | 64 |
| nebivolol hcl tab 20 mg (base equivalent) | 63 | NICOTROL (nicotine) | 8 |
| nebivolol hcl tab 5 mg (base equivalent) | 63 | NICOTROL NS (nicotine) | 8 |
| NEFAZODONE HCL | 23 | nifedipine cap 10 mg | 64 |
| neomycin sulfate tab 500 mg | 9 | nifedipine cap 20 mg | 64 |
| neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin (Neo-Polycin) | 175 | nifedipine tab er 24hr 30 mg (NIFEDIPINE ER) | 64 |
| neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin (NEOMYCIN- BACITRACIN ZN-POLYMYX) | 175 | nifedipine tab er 24hr 60 mg (NIFEDIPINE ER) | 64 |
| NEOMYCIN-POLYMYXIN B GU (neomycin/polymyxin b gu) | 10 | nifedipine tab er 24hr 90 mg (NIFEDIPINE ER) | 64 |
| neomycin-polymyxin-dexamethasone ophth oint 0.1% | 175 | nifedipine tab er 24hr osmotic release 30 mg (NIFEDIPINE ER OSMOTIC RELEASE) | 64 |
| neomycin-polymyxin-dexamethasone ophth susp 0.1% | 176 | nifedipine tab er 24hr osmotic release 60 mg (NIFEDIPINE ER OSMOTIC RELEASE) | 64 |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN | 176 | nifedipine tab er 24hr osmotic release 90 mg (NIFEDIPINE ER OSMOTIC RELEASE) | 64 |
| NEOMYCIN-POLYMYXIN-HC (neomycin- polymyxin-hc (ophth)) | 176 | nimodipine cap 30 mg | 65 |
| neomycin-polymyxin-hc otic soln 1% | 179 | nitazoxanide tab 500 mg | 36 |
| neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1% | 179 | NITRO-BID (nitroglycerin) | 78 |
| NEONATAL COMPLETE (prenatal vit w/ ferrous fumarate-folic acid) | 96 | NITRO-TIME (nitroglycerin) | 78 |
| NEONATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid) | 96 | nitrofurantoin macrocrystalline cap 100 mg | 10 |
| NEULASTA (pegfilgrastim) | 57 | nitrofurantoin macrocrystalline cap 25 mg | 10 |
| NEVIRAPINE | 45 | nitrofurantoin macrocrystalline cap 50 mg | 10 |
| NEVIRAPINE ER | 45 | nitrofurantoin monohydrate macrocrystalline cap 100 mg (NITROFURANTOIN MONOHYD MACRO) | 10 |
| nevirapine tab 200 mg | 45 | nitroglycerin sl tab 0.3 mg | 78 |
| nevirapine tab er 24hr 400 mg (NEVIRAPINE ER) | 45 | nitroglycerin sl tab 0.4 mg | 78 |
| NEXTSTELLIS (drospirenone-estetrol) | 119 | nitroglycerin sl tab 0.6 mg | 78 |
| NIACIN (ANTIHYPERSLIPIDEMIC) | 77 | nitroglycerin td patch 24hr 0.1 mg/hr | 78 |
| niacin tab er 1000 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERSLIPIDEMIC)) | 77 | nitroglycerin td patch 24hr 0.1 mg/hr (Minitran) | 78 |
| | | nitroglycerin td patch 24hr 0.2 mg/hr | 78 |

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| nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)..... | 78 | norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)..... | 119 |
| nitroglycerin td patch 24hr 0.4 mg/hr..... | 78 | norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))..... | 119 |
| nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)..... | 78 | norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))..... | 119 |
| nitroglycerin td patch 24hr 0.6 mg/hr..... | 78 | norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)..... | 120 |
| nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)..... | 79 | norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)..... | 120 |
| NITYR (nitisinone)..... | 105 | norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (NORETHIN-ETH ESTRADIOL- FE)..... | 120 |
| NIVA-PLUS (prenatal vit w/ ferrous fumarate- folic acid)..... | 96 | norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)..... | 120 |
| NIZATIDINE..... | 104 | norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)..... | 120 |
| nizatidine cap 300 mg..... | 104 | norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)..... | 120 |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (NORELGESTROMIN-ETH ESTRADIOL)..... | 119 | norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (NORETHIN-ETH ESTRADIOL- FE)..... | 120 |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)..... | 119 | norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg (NORETHINDRON-ETHINYL ESTRAD-FE)..... | 120 |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)..... | 119 | norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg (Tilia Fe)..... | 120 |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)..... | 119 | norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg (Tri-Legest Fe)..... | 120 |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BRIELLYN)..... | 119 | norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg (Aurovela 1/20)..... | 120 |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)..... | 119 | norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg (Junel 1/20)..... | 120 |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)..... | 119 | norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg (Larin 1/20)..... | 120 |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)..... | 119 | norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg (Loestrin 1/20 (21))..... | 120 |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))..... | 119 | norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg (Microgestin 1/20)..... | 120 |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))..... | 119 | | |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)..... | 119 | | |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)..... | 119 | | |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)..... | 119 | | |

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| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (NORETHINDRONE ACET-ETHINYL EST)..... | 120 | norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30)..... | 121 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30)..... | 120 | norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30)..... | 121 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30)..... | 120 | norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)..... | 122 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)..... | 121 | norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30)..... | 122 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)..... | 121 | norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)..... | 122 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30 (21))..... | 121 | norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30)..... | 122 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)..... | 121 | norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (NORETHIN ACE-ETH ESTRAD-FE)..... | 122 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (NORETHINDRONE ACET-ETHINYL EST)..... | 121 | norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20)..... | 121 | norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20)..... | 121 | norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20)..... | 121 | norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)..... | 121 | norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20)..... | 121 | norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmily)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)..... | 121 | norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20)..... | 121 | norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (NORETHIN ACE-ETH ESTRAD-FE)..... | 121 | norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq)..... | 121 | norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20)..... | 121 | norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)..... | 122 |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30)..... | 121 | norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)..... | 122 |

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| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24) | 122 | norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7) | 123 |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe) | 122 | norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7) | 123 |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe) | 123 | norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7) | 123 |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE) | 123 | norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7) | 123 |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe) | 123 | norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7) | 123 |
| norethindrone acetate tab 5 mg | 126 | norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle) | 123 |
| norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv) | 123 | norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena) | 123 |
| norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (NORETHINDRONE-ETH ESTRADIOL) | 123 | norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla) | 124 |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv) | 123 | norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor) | 124 |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli) | 123 | norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili) | 124 |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (NORETHINDRONE-ETH ESTRADIOL) | 123 | norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah) | 124 |
| norethindrone tab 0.35 mg | 126 | norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NORGESTIMATE-ETH ESTRADIOL) | 124 |
| norethindrone tab 0.35 mg (Camila) | 126 | norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo) | 124 |
| norethindrone tab 0.35 mg (Deblitane) | 126 | norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem) | 124 |
| norethindrone tab 0.35 mg (Emzahh) | 126 | norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28) | 124 |
| norethindrone tab 0.35 mg (Errin) | 127 | norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra) | 124 |
| norethindrone tab 0.35 mg (Heather) | 127 | norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC) | 124 |
| norethindrone tab 0.35 mg (Incassia) | 127 | norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Estarylla) | 124 |
| norethindrone tab 0.35 mg (Jencycla) | 127 | norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia) | 124 |
| norethindrone tab 0.35 mg (Lyleq) | 127 | norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili) | 124 |
| norethindrone tab 0.35 mg (Lyza) | 127 | | |
| norethindrone tab 0.35 mg (Nora-Be) | 127 | | |
| norethindrone tab 0.35 mg (Norlyda) | 127 | | |
| norethindrone tab 0.35 mg (Norlyroc) | 127 | | |
| norethindrone tab 0.35 mg (Sharobel) | 127 | | |
| norethindrone tab 0.35 mg (Tulana) | 127 | | |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7) | 123 | | |

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| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec) | 124 | NOVA SUREFLEX LANCETS | 159 |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Vylibra Lo) | 124 | NOVAREL (chorionic gonadotropin) | 110 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC) | 124 | NOVOFINE AUTOCOVER PEN NEEDLE | 159 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri Femynor) | 125 | NOVOFINE PEN NEEDLE | 159 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla) | 125 | NOVOFINE PLUS PEN NEEDLE | 159 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah) | 125 | NOVOLIN 70/30 (insulin nph isophane & reg (human)) | 54 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili) | 125 | NOVOLIN 70/30 FLEXPEN (insulin nph isophane & reg (human)) | 54 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo) | 125 | NOVOLIN N (insulin nph (human) (isophane)) | 54 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem) | 125 | NOVOLIN N FLEXPEN (insulin nph (human) (isophane)) | 54 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec) | 125 | NOVOLIN R (insulin regular (human)) | 54 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra) | 125 | NOVOLIN R FLEXPEN (insulin regular (human)) | 54 |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28) | 125 | NOVOLOG (insulin aspart) | 54 |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest) | 125 | NOVOLOG FLEXPEN (insulin aspart) | 55 |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel) | 125 | NOVOLOG MIX 70/30 (insulin aspart protamine & aspart (human)) | 55 |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz) | 125 | NOVOLOG MIX 70/30 FLEXPEN (insulin aspart protamine & aspart (human)) | 55 |
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| nortriptyline hcl cap 25 mg | 25 | NOVOTWIST PEN NEEDLE | 159 |
| nortriptyline hcl cap 50 mg | 25 | NURTEC (rimegepant sulfate) | 28 |
| nortriptyline hcl cap 75 mg | 25 | NUTROPIN AQ NUSPIN 10 (somatropin) | 110 |
| nortriptyline hcl soln 10 mg/5ml | 25 | NUTROPIN AQ NUSPIN 20 (somatropin) | 110 |
| NORVIR (ritonavir) | 47 | NUTROPIN AQ NUSPIN 5 (somatropin) | 110 |
| NOVA MAX PLUS KETONE TEST (ketone blood test) | 158 | nystatin cream 100000 unit/gm | 27 |
| NOVA SAFETY LANCETS 23G | 158 | nystatin oint 100000 unit/gm | 27 |
| NOVA SAFETY LANCETS 28G | 159 | nystatin susp 100000 unit/ml | 27 |
| | | nystatin tab 500000 unit | 27 |
| | | nystatin topical powder 100000 unit/gm | 27 |
| | | nystatin topical powder 100000 unit/gm (Klayesta) | 27 |
| | | nystatin topical powder 100000 unit/gm (Nyamyc) | 27 |
| | | nystatin topical powder 100000 unit/gm (Nystop) | 27 |
| | | nystatin-triamcinolone cream 100000-0.1 unit/gm-% | 92 |

nystatin-triamcinolone oint 100000-0.1
unit/gm-%..... 92

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 octreotide acetate inj 1000 mcg/ml (1
 mg/ml)..... 129
 octreotide acetate inj 200 mcg/ml (0.2
 mg/ml)..... 129
 octreotide acetate inj 50 mcg/ml (0.05
 mg/ml)..... 129
 octreotide acetate inj 500 mcg/ml (0.5
 mg/ml)..... 129
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 ODOMZO (sonidegib phosphate)..... 34
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| quinapril hcl tab 20 mg | 60 |
| quinapril hcl tab 40 mg | 60 |
| quinapril hcl tab 5 mg | 60 |
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| ramipril cap 1.25 mg | 60 |
| ramipril cap 10 mg | 60 |
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| repaglinide tab 0.5 mg | 52 | rivastigmine tartrate cap 3 mg (base equivalent) | 20 |
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| REVLIMID (lenalidomide) | 32 | rivastigmine td patch 24hr 4.6 mg/24hr | 21 |
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| REYVOW (lasmiditan succinate) | 29 | rizatriptan benzoate tab 10 mg (base equivalent) | 29 |
| RIBAVIRIN (ribavirin (hepatitis c)) | 43 | rizatriptan benzoate tab 5 mg (base equivalent) | 29 |
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| rifabutin cap 150 mg | 30 | ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL) | 38 |
| rifampin cap 150 mg | 30 | ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL) | 38 |
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| SMART SENSE COLOR LANCETS 33G | 165 | sotalol hcl tab 160 mg (Sorine) | 62 |
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| sodium chloride soln nebu 7% | 186 | spironolactone tab 100 mg | 77 |
| sodium chloride soln nebu 7% (Pulmosal) | 186 | spironolactone tab 25 mg | 77 |
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| sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) | 98 | SPRYCEL (dasatinib) | 34,35 |
| sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) | 98 | SSS 10-5 (sulfacetamide sodium w/ sulfur) | 92 |
| sodium fluoride chew tab 1 mg f (from 2.2 mg naf) | 98 | STAVUDINE | 46 |
| sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE) | 98 | stavudine cap 15 mg | 46 |
| sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) | 99 | | |
| sodium polystyrene sulfonate oral susp 15 gm/60ml | 101 | | |

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| stavudine cap 20 mg | 46 | sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR) | 93 |
| stavudine cap 30 mg | 46 | sulfacetamide sodium w/ sulfur susp 10-5% (SULFACETAMIDE SODIUM-SULFUR) | 93 |
| stavudine cap 40 mg | 46 | sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR) | 93 |
| STELARA (ustekinumab) | 131 | sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4) | 93 |
| STERILANCE TL | 166 | sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SOD-SULFUR WASH) | 93 |
| STIVARGA (regorafenib) | 35 | sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SODIUM-SULFUR) | 93 |
| STRIVERDI RESPIMAT (olodaterol hcl) | 182 | SULFACETAMIDE-PREDNISOLONE (sulfacetamide sod-prednisolone) | 176 |
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| SULFACETAMIDE SODIUM (sulfacetamide sodium (ophth)) | 177 | sulfamethoxazole-trimethoprim susp 200-40 mg/5ml | 14 |
| sulfacetamide sodium liquid 10% | 92 | sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric) | 14 |
| sulfacetamide sodium liquid 10% (SODIUM SULFACETAMIDE WASH) | 92 | sulfamethoxazole-trimethoprim tab 400-80 mg | 14 |
| sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE)) | 87 | sulfamethoxazole-trimethoprim tab 800-160 mg | 14 |
| sulfacetamide sodium ophth soln 10% | 177 | sulfasalazine tab 500 mg | 135 |
| sulfacetamide sodium shampoo 10% (SODIUM SULFACETAMIDE) | 92 | sulfasalazine tab delayed release 500 mg | 135 |
| sulfacetamide sodium w/ sulfur cleanser 10-2% (SULFACETAMIDE SODIUM-SULFUR) | 92 | sulindac tab 150 mg | 2 |
| sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser) | 92 | sulindac tab 200 mg | 2 |
| sulfacetamide sodium w/ sulfur cleanser 10-5% (SULFACETAMIDE SODIUM-SULFUR) | 92 | sumatriptan nasal spray 20 mg/act | 29 |
| sulfacetamide sodium w/ sulfur cleanser 9-4% (SULFACETAMIDE SODIUM-SULFUR) | 92 | sumatriptan nasal spray 5 mg/act | 29 |
| sulfacetamide sodium w/ sulfur cleanser 9.8- 4.8% (SULFACETAMIDE SODIUM-SULFUR) | 93 | SUMATRIPTAN SUCCINATE | 29 |
| sulfacetamide sodium w/ sulfur cleansing pad 10-4% (SULFACETAMIDE SODIUM-SULFUR) | 93 | sumatriptan succinate inj 6 mg/0.5ml | 29 |
| sulfacetamide sodium w/ sulfur cream 10-2% (SULFACETAMIDE SODIUM-SULFUR) | 93 | SUMATRIPTAN SUCCINATE REFILL | 29 |
| sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5) | 93 | sumatriptan succinate solution auto-injector 4 mg/0.5ml | 29 |
| sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR) | 93 | sumatriptan succinate solution auto-injector 6 mg/0.5ml | 29 |
| sulfacetamide sodium w/ sulfur cream 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR) | 93 | sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL) | 29 |
| sulfacetamide sodium w/ sulfur lotion 10-5% (SULFACETAMIDE SODIUM-SULFUR) | 93 | | |

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| sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL)..... | 29 | tacrolimus cap 1 mg..... | 134 |
| sumatriptan succinate tab 100 mg..... | 29 | tacrolimus cap 5 mg..... | 134 |
| sumatriptan succinate tab 25 mg..... | 29 | tacrolimus oint 0.03%..... | 90 |
| sumatriptan succinate tab 50 mg..... | 29 | tacrolimus oint 0.1%..... | 90 |
| sunitinib malate cap 12.5 mg (base equivalent)..... | 35 | tadalafil tab 20 mg (pah) (Alyq)..... | 183 |
| sunitinib malate cap 25 mg (base equivalent)..... | 35 | tadalafil tab 20 mg (pah) (TADALAFIL (PAH))..... | 183 |
| sunitinib malate cap 37.5 mg (base equivalent)..... | 35 | TAFINLAR (dabrafenib mesylate)..... | 35 |
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| SURE COMFORT LANCETS 18G..... | 166 | tamsulosin hcl cap 0.4 mg..... | 106 |
| SURE COMFORT LANCETS 21G..... | 166 | TARON-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)..... | 99 |
| SURE COMFORT LANCETS 23G..... | 166 | TASIGNA (nilotinib hcl)..... | 35 |
| SURE COMFORT LANCETS 28G..... | 166 | TECHLITE AST LANCETS..... | 167 |
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| SURE-LANCE THIN LANCETS 28G..... | 166 | telmisartan tab 20 mg..... | 59 |
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| SURELITE LANCETS..... | 166 | TELMISARTAN-AMLODIPINE..... | 73 |
| SYMBICORT (budesonide-formoterol fumarate dihydrate)..... | 186 | telmisartan-amlodipine tab 40-10 mg..... | 73 |
| SYMDEKO (tezacaftor-ivacaftor)..... | 182 | telmisartan-amlodipine tab 40-5 mg..... | 73 |
| SYNAREL (nafarelin acetate)..... | 129 | telmisartan-amlodipine tab 80-10 mg..... | 73 |
| SYNJARDY (empagliflozin-metformin hcl)..... | 53 | telmisartan-amlodipine tab 80-5 mg..... | 73 |
| SYNJARDY XR (empagliflozin-metformin hcl)..... | 53 | telmisartan-hydrochlorothiazide tab 40-12.5 mg (TELMISARTAN-HCTZ)..... | 73 |
| SYNTHROID (levothyroxine sodium)..... | 129 | telmisartan-hydrochlorothiazide tab 80-12.5 mg (TELMISARTAN-HCTZ)..... | 73 |
| T | | telmisartan-hydrochlorothiazide tab 80-25 mg (TELMISARTAN-HCTZ)..... | 73 |
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| tacrolimus cap 0.5 mg..... | 134 | temazepam cap 30 mg..... | 187 |
| | | temazepam cap 7.5 mg..... | 187 |

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| TEMIXYS (lamivudine-tenofovir disoproxil fumarate)..... | 46 | theophylline tab er 24hr 400 mg (THEOPHYLLINE ER)..... | 183 |
| tenofovir disoproxil fumarate tab 300 mg.... | 46 | theophylline tab er 24hr 600 mg (THEOPHYLLINE ER)..... | 183 |
| terazosin hcl cap 1 mg (base equivalent)..... | 59 | THINLETS GP LANCETS..... | 167 |
| terazosin hcl cap 10 mg (base equivalent)..... | 59 | THIOLA EC (tiopronin)..... | 107 |
| terazosin hcl cap 2 mg (base equivalent)..... | 59 | thioridazine hcl tab 10 mg..... | 40 |
| terazosin hcl cap 5 mg (base equivalent)..... | 59 | thioridazine hcl tab 100 mg..... | 40 |
| terbinafine hcl tab 250 mg..... | 27 | thioridazine hcl tab 25 mg..... | 40 |
| terconazole vaginal cream 0.4%..... | 27 | thioridazine hcl tab 50 mg..... | 40 |
| terconazole vaginal cream 0.8%..... | 27 | thiothixene cap 1 mg..... | 40 |
| teriflunomide tab 14 mg..... | 86 | thiothixene cap 10 mg..... | 40 |
| teriflunomide tab 7 mg..... | 86 | thiothixene cap 2 mg..... | 40 |
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| testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)..... | 111 | TIBSOVO (ivosidenib)..... | 35 |
| testosterone cypionate im inj in oil 200 mg/ml | 111 | timolol maleate ophth gel forming soln 0.25%..... | 178 |
| testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)..... | 111 | timolol maleate ophth gel forming soln 0.5%..... | 178 |
| TESTOSTERONE ENANTHATE..... | 111 | timolol maleate ophth soln 0.25%..... | 178 |
| testosterone td gel 12.5 mg/act (1%)..... | 111 | timolol maleate ophth soln 0.5%..... | 178 |
| testosterone td gel 20.25 mg/1.25gm (1.62%).. | 111 | tinidazole tab 250 mg..... | 10 |
| testosterone td gel 20.25 mg/act (1.62%)..... | 111 | tinidazole tab 500 mg..... | 10 |
| testosterone td gel 25 mg/2.5gm (1%)..... | 111 | tiopronin tab 100 mg..... | 107 |
| testosterone td gel 40.5 mg/2.5gm (1.62%).... | 111 | tiopronin tab delayed release 100 mg..... | 107 |
| testosterone td gel 50 mg/5gm (1%)..... | 111 | tiopronin tab delayed release 300 mg..... | 107 |
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| tetracycline hcl cap 500 mg..... | 15 | TIVICAY PD (dolutegravir sodium)..... | 44 |
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| TGT LANCET THIN 26G..... | 167 | tizanidine hcl tab 4 mg (base equivalent)..... | 42 |
| TGT LANCET ULTRA THIN 30G..... | 167 | TOBRADEX (tobramycin-dexamethasone)... | 176 |
| THALOMID (thalidomide)..... | 32 | TOBRAMYCIN..... | 182 |
| theophylline elixir 80 mg/15ml..... | 183 | tobramycin nebu soln 300 mg/5ml..... | 182 |
| theophylline elixir 80 mg/15ml (Elixophyllin).. | 183 | tobramycin ophth soln 0.3%..... | 177 |
| THEOPHYLLINE ER..... | 183 | tobramycin-dexamethasone ophth susp 0.3-0.1%..... | 176 |
| theophylline soln 80 mg/15ml..... | 183 | TODAYS HEALTH MINI PEN NEEDLES..... | 167 |
| theophylline tab er 12hr 300 mg (THEOPHYLLINE ER)..... | 183 | TODAYS HEALTH PEN NEEDLES..... | 167 |
| theophylline tab er 12hr 450 mg (THEOPHYLLINE ER)..... | 183 | TODAYS HEALTH SHORT PEN NEEDLE..... | 167 |
| | | TODAYS HEALTH THIN LANCETS 28G..... | 167 |

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| TODAYS HEALTH THIN LANCETS 30G | 167 | trandolapril tab 1 mg | 60 |
| tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER) | 105 | trandolapril tab 2 mg | 61 |
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